

NDC	Product	Form	Form 2	Vendor	Category/ Class	Dispensed	Store ID
00054-2795-25	OXYCOD/APAP 5-500MG	CAP	CAP	ROXA	2	240	8317
00054-4582-25	MORPHINE SUL 15MG	TAB	TAB	ROXA	2	100	8317
00078-0381-05	FOCALIN 5MG		TAB		2	210	8317
00078-0382-05	FOCALIN 10MG		TAB		2	360	8317
00078-0430-05	FOCALIN XR 5MG	CAP	CAP	NOVA	2	30	8317
00078-0431-05	FOCALIN XR 10MG	CAP	CAP	NOVA	2	720	8317
00078-0432-05	FOCALIN XR 20MG	CAP	CAP	NOVA	2	180	8317
00078-0493-05	FOCALIN XR 15 MG	CAP	CAP	NOVA	2	390	8317
00185-0111-01	AMPHETAMINE 10MG	TAB	TAB	SAND	2	675	8317
00185-0401-01	AMPHETAMINE 20MG	TAB	TAB	SAND	2	180	8317
00185-0404-01	AMPHETAMINE 30MG	TAB	TAB	SAND	2	720	8317
00378-9121-98	FENTANYL 25MCG/HR	DIS	PAT	MYLA	2	10	8317
00378-9122-98	FENTANYL 50MCG/HR	DIS	PAT	MYLA	2	25	8317
00378-9123-98	FENTANYL 75MCG/HR	DIS	PAT	MYLA	2	30	8317
00378-9124-98	FENTANYL 100MCG/H	DIS	PAT	MYLA	2	30	8317
00406-0512-01	OXYCOD/APAP 5-325MG	TA	TAB	B MAL	2	3034	8317
00406-0512-05	OXYCOD/APAP 5-325MG	TA	TAB	B MAL	2	1058	8317
00406-0512-62	OXYCOD/APAP 5-325MG	TAB	TAB	MALL	2	240	8317
00406-0522-01	OXYCOD-APAP 7.5-325	TAB	TAB	MALL	2	240	8317
00406-0523-01	OXYCOD/APAP 10-325	TAB	TAB	MALL	2	4625	8317
00406-0552-01	OXYCODONE 5MG	TAB	TAB	MALL	2	485	8317
00406-0554-01	OXYCODONE 5MG CAPS		TAB		2	202	8317
00406-0562-01	OXYCOD/APAP 10-650	TAB	TAB	MALL	2	120	8317
00406-0582-01	OXYCOD/APAP 7.5-500	TAB	TAB	MALL	2	2787	8317
00406-0594-01	OXYCODONE ER 20MG MA	LL	TAB		2	6	8317
00406-0595-01	OXYCODONE ER 40MG TA	BLE		T MAL	2	924	8317
00406-0830-24	MORPHINE SUL 20 MG/	SOL	ML	MALL	2	210	8317
00406-1122-01	METHYLIN 10MG	TAB	TAB	MALL	2	240	8317
00406-3244-01	HYDROMORPHON 4MG	TAB	TAB	MALL	2	702	8317
00406-5755-01	METHADONE 5MG	TAB	TAB	MALL	2	30	8317
00406-5771-01	METHADONE 10MG	TAB	TAB	MALL	2	1530	8317
00406-8315-01	MORPHINE SUL 15MG E	TAB	TAB	MALL	2	270	8317
00406-8330-01	MORPHINE SUL 30MG ER	TA	TAB	B MAL	2	390	8317
00406-8515-01	OXYCODONE 15MG	TAB	TAB	MALL	2	5426	8317
00406-8530-01	OXYCODONE 30MG	TAB	TAB	MALL	2	7272	8317
00555-0658-02	OXYCOD/APAP 5-500MG*	CAP	CAP	*BARR	2	120	8317
00555-0788-02	AMPHETAMINE SALT ER	20M		G BAR	2	150	8317
00555-0789-02	AMPHETAMINE SALT ER	30M		G BAR	2	60	8317
00555-0952-02	DEXTROAMPHET 5MG	TAB	TAB	BARR	2	90	8317
00555-0955-02	DEXTROAMPHET 10MG E	CAP	CAP	BARR	2	60	8317
00555-0956-02	DEXTROAMPHET 15MG E	CAP	CAP	TEVA	2	240	8317
00591-0825-01	OXYCOD/APAP 10-650	TAB	TAB	WATS	2	3875	8317
00603-4998-21	OXYCOD/APAP 5-325MG	TA	TAB	B QUA	2	240	8317
00603-4998-28	OXYCOD/APAP 5-325MG	TA	TAB	B QUA	2	250	8317
00781-5754-01	METHYLPHENID 20 MG S	R T	TAB	B SAN	2	210	8317
00781-7111-55	FENTANYL 25MCG/HR	DIS	PAT	SAND	2	75	8317
00781-7112-55	FENTANYL 50MCG/HR DI	S	PAT	SAND	2	215	8317
00781-7113-55	FENTANYL 75MCG/HR	DIS	PAT	SAND	2	120	8317
00781-7114-55	FENTANYL 100MCG/HR D	IS	PAT	SAND	2	10	8317
17314-5850-02	CONCERTA 18MG	TAB	TAB	MCNE	2	72	8317
17314-5851-02	CONCERTA 36MG	TAB	TAB	MCNE	2	150	8317
17314-5852-02	CONCERTA 54MG	TAB	TAB	MCNE	2	120	8317
17314-5853-02	CONCERTA 27MG	TAB	TAB	MCNE	2	30	8317
50458-0033-05	DURAGESIC 25MCG/HR	DIS	PAT	JANS	2	30	8317
50458-0034-05	DURAGESIC 50MCG/HR	DIS	PAT	JANS	2	30	8317
50458-0585-01	CONCERTA 18MG MCNEIL		TAB		2	90	8317
50458-0586-01	CONCERTA 36MG TAB JO	M			2	390	8317

PLAINTIFFS TRIAL  
EXHIBIT  
**P-42112\_00001**

50458-0587-01	CONCERTA 54MG	TAB	TAB	MCNE	2	390	8317
50458-0588-01	CONCERTA 27MG	TAB	TAB	MCNE	2	90	8317
52152-0215-11	OXYCODONE 30 MG	TAB	TAB	ACTA	2	112	8317
54092-0383-01	ADDERALL XR 10MG	CAP	CAP	SHIR	2	60	8317
54092-0385-01	ADDERALL XR 15MG	CAP	CAP	SHIR	2	270	8317
54092-0387-01	ADDERALL XR 20MG	CAP	CAP	SHIR	2	1050	8317
54092-0389-01	ADDERALL XR 25MG	CAP	CAP	SHIR	2	960	8317
54092-0391-01	ADDERALL XR 30MG	CAP	CAP	SHIR	2	570	8317
54092-0552-30	DAYTRANA 10 MG/9H	DIS	PAT	SHIR	2	60	8317
54092-0553-30	DAYTRANA 15 MG/9H	DIS	PAT	SHIR	2	30	8317
54092-0554-30	DAYTRANA 20 MG/9H	DIS	PAT	SHIR	2	240	8317
54092-0555-30	DAYTRANA 30 MG/9H	DIS	PAT	SHIR	2	60	8317
58177-0041-04	OXYCODONE 5MG	CAP	CAP	ETHE	2	672	8317
58177-0886-01	MORPHINE SUL 20MG/M	SOL	ML	ETHE	2	60	8317
58177-0886-03	MORPHINE SUL 20MG/ML	SO	ML	L ETH	2	90	8317
59011-0103-10	OXYCONTIN 20MG CR	TAB	TAB	PURD	2	360	8317
59011-0105-10	OXYCONTIN 40MG CR	TAB	TAB	PURD	2	513	8317
59011-0107-10	OXYCONTIN 80MG CR	TAB	TAB	PURD	2	1322	8317
59011-0107-20	OXYCONTIN 80 MG CR	TAB	TAB	PURD	2	540	8317
59011-0860-10	OXYCONTIN 60MG TABS	PE		RDUE	2	480	8317
59417-0103-10	VYVANSE 30 MG	CAP	CAP	SHIR	2	210	8317
59417-0104-10	VYVANSE 40MG CAP SHI	RE			2	60	8317
59417-0105-10	VYVANSE 50 MG	CAP	CAP	SHIR	2	150	8317
59417-0106-10	VYVANSE 60MG CAP SHI	RE			2	210	8317
59417-0107-10	VYVANSE 70 MG	CAP	CAP	SHIR	2	90	8317
60793-0605-01	AVINZA 30MG CR	CAP	CAP	KING	2	90	8317
60951-0602-70	ENDOCET 5-325MG	TAB	TAB	ENDO	2	331	8317
60951-0653-70	MORPHINE SUL 30MG ER	TA	TAB	B END	2	208	8317
60951-0712-70	ENDOCET 10-325MG	TAB	TAB	ENDO	2	2473	8317
60951-0797-70	ENDOCET 10-650MG	TAB	TAB	ENDO	2	790	8317
63481-0571-70	OPANA ER 30MG TAB				2	60	8317
63481-0623-70	PERCOCET 5-325MG	TAB	TAB	ENDO	2	800	8317
63481-0628-70	PERCOCET 7.5-325M	TAB	TAB	ENDO	2	796	8317
63481-0674-70	OPANA ER 10 MG	TAB	TAB	ENDO	2	122	8317
63481-0693-70	OPANA ER 40 MG	TAB	TAB	ENDO	2	60	8317
66479-0582-10	ROXICODONE 30 MG	TAB	TAB	XANO	2	1552	8317
68462-0204-01	OXYCODONE 5 MG	CAP	CAP	GLEN	2	942	8317
00051-8450-30	ANDROGEL 1%(50MG)	GEL	GM	UNIM	3	900	8317
00185-5254-01	PHENDIMETRAZ 105MG	CAP	CAP	SAND	3	30	8317
00406-0362-01	HYDROCO/APAP 10-660	TAB	TAB	MALL	3	200	8317
00406-0375-16	HYDROCODONE/ APAP	SOL	ML	MALL	3	3180	8317
00406-0484-01	APAP/CODEINE 300-30	TAB	TAB	MALL	3	999	8317
00406-0485-01	ACETAMINOPEN W/COD #	4	TAB	MAL	3	1935	8317
00527-1312-01	BUT/ASA/CAF/ COD 30	CAP	CAP	LANN	3	90	8317
00591-0349-01	HYDROCO/APAP 5-500M	TAB	TAB	WATS	3	8043	8317
00591-0349-05	HYDROCO/APAP 5-500M	TAB	TAB	WATS	3	5593	8317
00591-0385-01	HYDROCO/APAP 7.5-500	TB	TAB	WATS	3	13900	8317
00591-0385-05	HYDROCO/APAP 7.5-500	TB	TAB	WATS	3	5852	8317
00591-0387-05	HYDROCO/APAP 7.5-75	TAB	TAB	WATS	3	90	8317
00591-0502-01	HYDROCO/APAP 7.5-65	TAB	TAB	WATS	3	164	8317
00591-0502-05	HYDROCO/APAP 7.5-65	TAB	TAB	WATS	3	120	8317
00591-0503-01	HYDROCO/APAP 10-650	TAB	TAB	WATS	3	4961	8317
00591-0503-05	HYDROCO/APAP 10-650	TAB	TAB	WATS	3	1708	8317
00591-0540-01	HYDROCO/APAP 10-500	TAB	TAB	WATS	3	22326	8317
00591-0540-05	HYDROCO/APAP 10-500	TAB	TAB	WATS	3	12885	8317
00591-0853-01	HYDROCO/APAP 10-325	TAB	TAB	WATS	3	2190	8317
00591-0853-05	HYDROCO/APAP 10-325	TAB	TAB	WATS	3	2230	8317
00591-3202-01	HYDROCO/APAP 5-325M	TAB	TAB	WATS	3	80	8317
00591-3203-01	HYDROCO/APAP 7.5-32	TAB	TAB	WATS	3	740	8317

00591-3220-01	BUT/APAP/CAF CODEIN	CAP	CAP	WATS	3	360	8317
00603-1295-58	HYDROCODONE/ APAP	SOL	ML	QUAL	3	1080	8317
00781-3073-70	TESTOST CYP 100 MG/	INJ	ML	SAND	3	10	8317
00781-3074-70	TESTOST CYP 200 MG/	INJ	ML	SAND	3	10	8317
50474-0907-01	LORTAB 7.5	TAB	TAB	UCBP	3	76	8317
50474-0910-01	LORTAB 10	TAB	TAB	UCBP	3	600	8317
51552-0030-02	TESTOSTERONE PROP 2.	5%		CR	3	12	8317
51552-1151-04	TESTOSTERONE 4% CREA	M			3	210	8317
52544-0539-01	NORCO 10-325MG	TAB	TAB	WATS	3	120	8317
53014-0548-67	TUSSIONEX EXT-REL	SUS	ML	UCBP	3	490	8317
62991-2150-01	TESTOSTERONE W CHR 5	0MG		/GM	3	60	8317
66887-0001-05	TESTIM 1%(50MG)	GEL	GM	AUXI	3	300	8317
00009-0090-01	XANAX 1MG	TAB	TAB	PFIZ	4	480	8317
00024-5501-10	AMBIEN CR 6.25MG	TAB	TAB	SANO	4	57	8317
00024-5521-10	AMBIEN CR 12.5MG	TAB	TAB	SANO	4	111	8317
00024-5521-31	AMBIEN CR 12.5MG	TAB	TAB	SANO	4	380	8317
00054-0085-25	ZALEPLON 10MG CAPS R	OX			4	426	8317
00093-0890-01	PROPO-N/APAP 100-65	TAB	TAB	TEVA	4	880	8317
00093-0890-05	PROPO-N/APAP 100-65	TAB	TAB	TEVA	4	4144	8317
00172-3926-70	DIAZEPAM 5MG	TAB	TAB	IVAX	4	40	8317
00185-0063-01	CLONAZEPAM 0.5MG	TAB	TAB	SAND	4	855	8317
00185-0064-01	CLONAZEPAM 1MG	TAB	TAB	SAND	4	920	8317
00185-0065-01	CLONAZEPAM 2MG	TAB	TAB	SAND	4	30	8317
00185-0647-01	PHENTERMINE 30MG	CAP	CAP	SAND	4	90	8317
00187-0658-20	DIASAT ACDL 5-10MG	GEL	KIT	VALE	4	3	8317
00228-3003-11	CLONAZEPAM 0.5 MG	TAB	TAB	ACTA	4	1980	8317
00228-3004-11	CLONAZEPAM 1 MG	TAB	TAB	ACTA	4	390	8317
00228-3004-50	CLONAZEPAM 1 MG	TAB	TAB	ACTA	4	1890	8317
00378-0040-01	CLORAZ DIPOT 7.5MG	TAB	TAB	MYLA	4	210	8317
00378-4003-05	ALPRAZOLAM 0.5MG	TAB	TAB	MYLA	4	420	8317
00378-4010-01	TEMAZEPAM 15MG	CAP	CAP	MYLA	4	420	8317
00378-5050-01	TEMAZEPAM 30MG	CAP	CAP	MYLA	4	750	8317
00378-9639-43	BUTORPHANOL 10MG/ML	SOL	ML	MYLA	4	3	8317
00527-1310-01	PHENTERMINE 30MG CAP	SUL		E LAN	4	30	8317
00555-0033-02	CHLORDIAZEP 10MG	CA	CAP	P BAR	4	120	8317
00591-0364-01	CLORAZ DIPOT 7.5MG	TAB	TAB	WATS	4	30	8317
00591-5513-01	CARISOPRODOL 350MG	TAB	TAB	WATS	4	720	8317
00591-5619-01	DIAZEPAM 5MG	TAB	TAB	WATS	4	1740	8317
00591-5619-05	DIAZEPAM 5MG	TAB	TAB	WATS	4	555	8317
00591-5620-01	DIAZEPAM 10MG	TAB	TAB	WATS	4	7573	8317
00591-5620-05	DIAZEPAM 10MG	TAB	TAB	WATS	4	3612	8317
00591-5621-01	DIAZEPAM 2MG TAB WA	TSO	TAB	N	4	1170	8317
00603-1508-58	PHENOBARB 20MG/5ML	ELX	ML	QUAL	4	11700	8317
00603-5166-21	PHENOBARB 32.4MG	TAB	TAB	QUAL	4	405	8317
00603-5167-32	PHENOBARB 64.8MG (1G	R)	TAB	TB QU	4	660	8317
00603-5466-21	PROPO-N/APAP 100-650	TA	TAB	B QUA	4	60	8317
00603-5468-32	PROPO-N/APAP 100-650	TA	TAB	B QUA	4	1140	8317
00781-1061-01	ALPRAZOLAM 0.25MG	TAB	TAB	SAND	4	3505	8317
00781-1061-05	ALPRAZOLAM 0.25MG	TAB	TAB	SAND	4	540	8317
00781-1077-01	ALPRAZOLAM 0.5MG	TAB	TAB	SAND	4	8405	8317
00781-1077-05	ALPRAZOLAM 0.5MG	TAB	TAB	SAND	4	870	8317
00781-1079-01	ALPRAZOLAM 1MG	TAB	TAB	SAND	4	9292	8317
00781-1079-05	ALPRAZOLAM 1MG	TAB	TAB	SAND	4	3693	8317
00781-1089-01	ALPRAZOLAM 2MG	TAB	TAB	SAND	4	5115	8317
00781-1089-05	ALPRAZOLAM 2MG	TAB	TAB	SAND	4	120	8317
00781-1403-01	LORAZEPAM 0.5MG	TAB	TAB	SAND	4	1506	8317
00781-1404-01	LORAZEPAM 1MG	TAB	TAB	SAND	4	300	8317
00781-1405-01	LORAZEPAM 2MG	TAB	TAB	SAND	4	630	8317
10702-0025-01	PHENTERMINE 37.5MG T	AB		KVK	4	1305	8317

52152-0159-02	PHENTERMINE 37.5 MG	TAB	TAB	ACTA	4	30	8317
53489-0110-01	CARISOPRODOL 350MG	TAB	TAB	MUTU	4	135	8317
53489-0110-05	CARISOPRODOL 350MG	TAB	TAB	MUTU	4	120	8317
53489-0406-01	PHENTERMINE 37.5MG	TAB	TAB	MUTU	4	60	8317
55111-0478-01	ZOLPIDEM 5 MG	TAB	TAB	DR.R	4	285	8317
55111-0479-01	ZOLPIDEM 10 MG	TAB	TAB	DR.R	4	2527	8317
55111-0479-05	ZOLPIDEM 10 MG	TAB	TAB	DR.R	4	120	8317
57664-0273-08	CLONAZEPAM 0.5MG	TAB	TAB	CARA	4	30	8317
57664-0516-88	ZOLPIDEM 10 MG	TAB	TAB	CARA	4	485	8317
63402-0191-10	LUNESTA 2MG	TAB	TAB	SEPR	4	180	8317
63402-0193-10	LUNESTA 3MG	TAB	TAB	SEPR	4	382	8317
63459-0201-01	PROVIGIL 200MG	TAB	TAB	CEPH	4	135	8317
64125-0903-01	PHENOBARB 100MG	TAB	TAB	EXCE	4	720	8317
66479-0515-10	DARVOCET-N 100	TAB	TAB	XANO	4	200	8317
68308-0830-10	DIACETAZONE CAPS	MI		DLOT	4	380	8317
00071-1012-68	LYRICA 25MG CAPS PFI		CAP		5	84	8317
00071-1013-41	LYRICA 50 MG	CAP	CAP	PFIZ	5	21	8317
00071-1013-68	LYRICA 50MG CAPS	P	TAB	FIZER	5	900	8317
00071-1014-41	LYRICA 75 MG	CAP	CAP	PFIZ	5	120	8317
00071-1014-68	LYRICA 75MG PFI		CAP		5	1146	8317
00071-1015-68	LYRICA 100MG CAP		CAP	PFIZ	5	480	8317
00071-1016-68	LYRICA 150MG CAPS	P	TAB	FIZER	5	1831	8317
00071-1017-68	LYRICA 200MG PFI		CAP		5	570	8317
00378-0415-01	DIPHEN/ATROP 2.5MG	TAB	TAB	MYLA	5	392	8317
00603-1020-58	APAP/CODEINE 120-12	SOL	ML	QUAL	5	270	8317
00603-1075-54	CHERATUSSIN AC	SY	ML	P QUA	5	440	8317
00603-1075-56	CHERATUSSIN AC	SYP	ML	QUAL	5	440	8317
00603-1075-58	CHERATUSSIN AC	SY	ML	P QUA	5	1820	8317
50383-0804-16	PROMETH/COD 6.25-10	SYP	ML	HI-T	5	5210	8317
51991-0224-04	COLDCOUGH PD	SYP	ML	BREC	5	120	8317



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### MY PHARMACY

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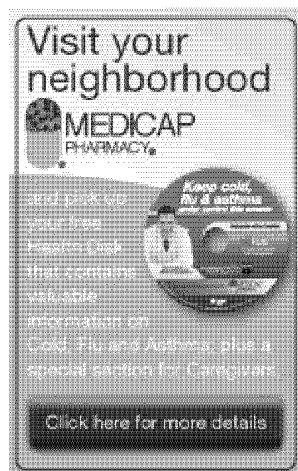
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**Pete Thomas,  
R.Ph.**

## THE MEDICAP PHARMACY

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Huntington, WV 25701

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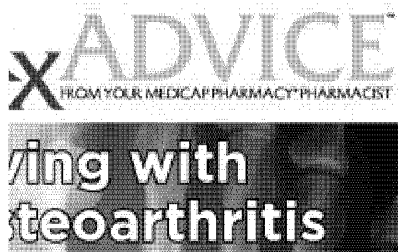
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MAP AND DIRECTIONS

8317@medicap.com



## PROMOTIONS AND PRODUCTS (Click to see promotion)



## Special Services



**Angie and Pete Thomas  
Pharmacists**

### Services

- On-Line Refills
- **FREE** Delivery
- We ask that you limit the # of deliveries per person per week. We deliver to Barboursville area!
- General Rx Delivery
- Have an elderly or handicapped person who can't get out? Call us about delivery!
- Drive-Thru Window
- 24 Hour Prescription Drop Box
- Patient Counseling Services
- Medication Flavoring - Custom Flavors
- Liquid Medicine
- Compounding Services
- Durable Medical Equipment
- Greeting Cards
- Herbals
- Medela Breast Pump Program
- Will accept Medicare Billing Methods
- we can bill your diabetic supplies to Medicare. no need to get it thru a mail order pharmacy where you do not know your pharmacist

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- Bone Health Counseling
- Medication Review
- we can bill your diabetic supplies to medicare. no need to get it thru a ma pharmacy where you do not know your pharmacist



#### WHAT DOES IT MEAN TO BE AN SCC?

Being a Specialized Care Center means extensive training, a heightened focus on the desire to offer our customers – and communities – the very best in personalized and knowledgeable service.

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## Keep an Eye on your Vision Health this Summer

(ARA) - If you've ever come in from a day sailing, picnicking or lying on the beach and your eyes felt tired, sore and gritty, you likely experienced ultraviolet radiation (UVR) overexposure. It's critical to protect your eyes from the sun's damaging rays to decrease your risk of developing serious vision issues such as cataracts and age-related macular degeneration, the leading causes of blindness. [More...](#)



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NDC	Product	Form	Form 2	Vendor	Category/Class	Dispensed	Store ID
00002-3227-30	STRATTERA 10MG	CAP	CAP	LILL	6	120	8317
00002-3228-30	STRATTERA 25MG	CAP	CAP	LILL	6	30	8317
00002-3229-30	STRATTERA 40MG	CAP	CAP	LILL	6	300	8317
00002-3235-60	CYMBALTA 20MG	CAP	CAP	LILL	6	150	8317
00002-3237-30	CYMBALTA 60MG	CAP	CAP	LILL	6	3846	8317
00002-3238-30	STRATTERA 18MG	CAP	CAP	LILL	6	300	8317
00002-3240-30	CYMBALTA 30MG	CAP	CAP	LILL	6	1100	8317
00002-3250-30	STRATTERA 80 MG	CAP	CAP	LILL	6	330	8317
00002-4112-30	ZYPREXA 2.5MG	TAB	TAB	LILL	6	15	8317
00002-4115-30	ZYPREXA 5MG	TAB	TAB	LILL	6	555	8317
00002-4116-30	ZYPREXA 7.5MG	TAB	TAB	LILL	6	180	8317
00002-4165-02	EVISTA 60MG	TAB	TAB	LILL	6	120	8317
00002-4165-34	EVISTA 60MG	TAB	TAB	LILL	6	750	8317
00002-4415-30	ZYPREXA 15MG	TAB	TAB	LILL	6	120	8317
00002-4420-30	ZYPREXA 20MG	TAB	TAB	LILL	6	90	8317
00002-4462-10	CIALIS 5MG TABS				6	10	8317
00002-4464-30	CIALIS 20MG	TAB	TAB	LILL	6	45	8317
00002-7510-01	HUMALOG 100/ML	INJ	ML	LILL	6	220	8317
00002-7511-01	HUMALOG MIX 75/25	SUS	ML	LILL	6	100	8317
00002-8215-01	HUMULIN R U-100	INJ	ML	LILL	8	60	8317
00002-8315-01	HUMULIN N U-100	INJ	ML	LILL	8	170	8317
00002-8501-01	HUMULIN R U-500	INJ	ML	LILL	6	100	8317
00002-8715-01	HUMULIN 70/30	INJ	ML	LILL	8	340	8317
00002-8725-59	HUMALOG PEN 100/ML	INJ	ML	LILL	6	45	8317
00002-8794-59	HUMALOG PEN 75/25	INJ	ML	LILL	6	75	8317
00002-8799-59	HUMALOG KWIK PEN 5X3	ML			6	45	8317
00004-0186-82	BONIVA 150MG	TAB	TAB	ROCH	6	16	8317
00004-0260-01	CELLCEPT 500MG	TAB	TAB	ROCH	6	360	8317
00004-0800-85	TAMIFLU 75MG	CAP	CAP	ROCH	6	60	8317
00004-0810-95	TAMIFLU 12MG/ML	SUS	ML	ROCH	6	325	8317
00006-0071-31	PROPECIA 1MG	TAB	TAB	MERC	6	60	8317
00006-0112-31	JANUVIA 50 MG	TAB	TAB	MERC	6	390	8317
00006-0117-31	SINGULAIR 10MG	TAB	TAB	MERC	6	4809	8317
00006-0267-12	MAXALT 10MG	TAB	TAB	MERC	6	12	8317
00006-0270-44	FOSAMAX + D *70/5600	*TA	TAB	BMERC	6	4	8317
00006-0275-31	SINGULAIR 5MG	CHW	TAB	MERC	6	372	8317
00006-0277-31	JANUVIA 100 MG	TAB	TAB	MERC	6	780	8317
00006-0461-02	EMEND 80MG CAP MERK				6	4	8317
00006-0568-40	ZOLINZA 100 MG	CAP	CAP	MERC	6	600	8317
00006-0577-61	JANUMET 50-1000	TAB	TAB	MERC	6	510	8317
00006-0710-44	FOSAMAX + D 70-2800	TAB	TAB	MERC	6	4	8317
00006-0711-31	SINGULAIR 4MG	CHW	TAB	MERC	6	630	8317
00006-0717-31	HYZAAR 50-12.5	TAB	TAB	MERC	6	300	8317
00006-0717-54	HYZAAR 50-12.5	TAB	TAB	MERC	6	90	8317
00006-0747-31	HYZAAR 100-25	TAB	TAB	MERC	6	900	8317
00006-0951-54	COZAAR 25MG	TAB	TAB	MERC	6	480	8317
00006-0952-31	COZAAR 50MG	TAB	TAB	MERC	6	90	8317
00006-0952-54	COZAAR 50MG	TAB	TAB	MERC	6	210	8317
00006-0960-31	COZAAR 100MG	TAB	TAB	MERC	6	540	8317
00006-0960-54	COZAAR 100MG MERCK		TAB		6	930	8317
00006-3628-36	COSOPT 2-0.5%OP	SOL	ML	MERC	6	20	8317
00006-3801-12	MAXALT-MLT 10MG MER	CK			6	81	8317
00006-3841-30	SINGULAIR 4MG *GRANU	LES	GM	*MERC	6	90	8317
00007-3372-13	COREG CR 40MG TAB				6	180	8317
00007-3373-13	COREG 80MG CR				6	180	8317
00007-3650-22	DYAZIDE 37.5-25	CAP	CAP	GLAX	6	630	8317
00007-4891-20	REQUIP 0.5MG	TAB	TAB	GLAX	6	60	8317

00007-4894-20	REQUIP 5MG	TAB	TAB	GLAX	6	180	8317
00007-5180-22	ALTABAX 1%	OIN	GM	GLAX	6	30	8317
00008-0607-01	PANTOPRAZOLE 40MG LE	D			6	529	8317
00008-0833-21	EFFEXOR XR 75 MG	CAP	CAP	WYET	6	1327	8317
00008-0833-22	EFFEXOR XR 75 MG	CAP	CAP	WYET	6	62	8317
00008-0836-20	EFFEXOR XR 150 MG	CAP	CAP	WYET	6	30	8317
00008-0836-21	EFFEXOR XR 150 MG	CAP	CAP	WYET	6	1821	8317
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00008-0836-22	EFFEXOR XR 150 MG	CAP	CAP	WYET	6	210	8317
00008-0837-21	EFFEXOR XR 37.5 MG	CAP	CAP	WYET	6	164	8317
00008-0841-81	PROTONIX 40MG	TAB	TAB	WYET	6	60	8317
00008-1117-30	LYBREL 90-20MCG	TAB	TAB	WYET	6	140	8317
00008-1211-30	PRISTIQ 50MG TAB WYE	TH			6	150	8317
00009-0090-01	XANAX 1MG	TAB	TAB	PFIZ	4	480	8317
00009-0760-04	CLEOCIN PED 75MG/5M	SOL	ML	PFIZ	6	1100	8317
00009-5190-01	DETROL LA 2MG	CAP		PFIZ	6	30	8317
00009-5191-01	DETROL LA 4MG	CAP	CAP	PFIZ	6	360	8317
00009-5191-02	DETROL LA 4MG	CAP	CAP	PFIZ	6	240	8317
00013-5301-17	MYCOBUTIN 150MG	CAP	CAP	PFIZ	6	60	8317
00013-8303-01	XALATAN 0.005% MULTI	PAC	ML	KPFIZ	6	9	8317
00013-8303-04	XALATAN 0.005%	SOL	ML	PFIZ	6	33	8317
00023-0313-04	BLEPHAMIDE S.O.P.	OIN	GM	ALLE	6	4	8317
00023-0316-04	FML S.O.P. 0.1% OP	OIN	GM	ALLE	6	4	8317
00023-3670-30	ACZONE 5% GEL 30GM				6	30	8317
00023-8335-03	TAZORAC 0.05%	GEL	GM	ALLE	6	30	8317
00023-9163-30	RESTASIS 0.05%	EMU		ALLE	6	510	8317
00023-9177-05	ALPHAGAN P 0.15%	SOL	ML	ALLE	6	25	8317
00023-9187-03	LUMIGAN				6	3	8317
00023-9211-05	COMBIGAN OPTH DROPS	ALL		E	6	30	8317
00023-9218-05	ZYMAR 0.3%	DRO	ML	ALLE	6	10	8317
00023-9277-05	ACULAR LS 0.4%	SOL	ML	ALLE	6	5	8317
00023-9321-05	ALPHAGAN P 0.1%	SOL	ML	ALLE	6	45	8317
00023-9350-30	SANCTURA XR 60MG ALR				6	90	8317
00024-5501-10	AMBIEN CR 6.25MG	TAB	TAB	SANO	4	57	8317
00024-5521-10	AMBIEN CR 12.5MG	TAB	TAB	SANO	4	111	8317
00024-5521-31	AMBIEN CR 12.5MG	TAB	TAB	SANO	4	380	8317
00024-5801-20	XYZAL ORAL SOLN				6	900	8317
00025-1525-31	CELEBREX 200MG	CAP	CAP	PFIZ	6	920	8317
00025-1530-02	CELEBREX 400MG	CAP	CAP	PFIZ	6	60	8317
00029-1527-22	BACTROBAN 2%	CRE	GM	GLAX	6	15	8317
00029-3159-13	AVANDIA 4MG	TAB	TAB	GLAX	6	180	8317
00029-3211-13	PAXIL 20MG	TAB	TAB	GLAX	6	300	8317
00029-6009-22	AMOXIL 250/5ML	SUS	ML	GLAX	6	150	8317
00029-6096-60	AUGMENTIN XR SR 12H	TAB	TAB	GLAX	6	40	8317
00032-1708-01	PROMETRIUM 100MG	CAP	CAP	SOLV	6	30	8317
00032-1711-01	PROMETRIUM 200MG	CAP	CAP	SOLV	6	120	8317
00037-0241-30	ASTELIN NASA 137MCG	SPR	ML	MEDA	6	120	8317
00037-7025-60	OPTIVAR 0.05%	DRO	ML	MEDA	6	24	8317
00045-0342-60	PANCREASE MT 10	CAP	CAP	MCNE	6	2640	8317
00045-0639-65	TOPAMAX 25MG	TAB	TAB	JANS	6	590	8317
00045-0640-65	TOPAMAX 50MG	TAB	TAB	JANS	6	30	8317
00045-0641-65	TOPAMAX 100MG TAB OR	THO			6	510	8317
00045-0642-65	TOPAMAX 200MG TAB				6	314	8317
00045-1520-10	LEVAQUIN 250MG	TAB	TAB	MCNE	6	3	8317
00045-1525-10	LEVAQUIN 500MG	TAB	TAB	MCNE	6	45	8317
00045-1525-50	LEVAQUIN 500MG	TAB	TAB	MCNE	6	135	8317
00045-1530-10	LEVAQUIN 750MG	TAB	TAB	MCNE	6	7	8317
00045-1530-20	LEVAQUIN 750MG	TAB	TAB	MCNE	6	88	8317
00046-0471-81	INDERAL LA 80 MG	CAP	CAP	AKRI	6	30	8317

00046-0872-93	PREMARIN VAG 0.625	CRE	GM	WYET	6	559	8317
00046-0875-05	PREMPRO 0.625-2	TAB	TAB	WYET	6	56	8317
00046-0875-06	PREMPRO .625-2.5	TAB	TAB	WYET	6	56	8317
00046-0938-08	PREMPRO 0.3-1.5	TAB	TAB	WYET	6	168	8317
00046-0938-09	PREMPRO 0.3-1.5	TAB	TAB	WYET	6	336	8317
00046-1100-81	PREMARIN 0.3 MG	TAB	TAB	WYET	6	697	8317
00046-1101-81	PREMARIN 0.45 MG	TAB	TAB	WYET	6	120	8317
00046-1102-81	PREMARIN 0.625 MG	TAB	TAB	WYET	6	1290	8317
00046-1103-81	PREMARIN 0.9 MG	TAB	TAB	WYET	6	270	8317
00046-1104-81	PREMARIN 1.25 MG	TAB	TAB	WYET	6	450	8317
00049-2340-45	RELPAK 40MG	TAB	TAB	PFIZ	6	90	8317
00049-2710-30	CARDURA XL 4 MG	TAB	TAB	PFIZ	6	180	8317
00049-3970-60	GEODON 40MG	CAP	CAP	PFIZ	6	360	8317
00049-3980-60	GEODON 60MG	CAP	CAP	PFIZ	6	420	8317
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00049-3990-60	GEODON 80MG	CAP	CAP	PFIZ	6	900	8317
00051-8450-30	ANDROGEL 1%(50MG)	GEL	GM	UNIM	3	900	8317
00052-0261-06	DESOGEN-28	TAB	TAB	ORGA	6	28	8317
00054-0002-85	FLUCONAZOLE 10MG/ML	SUS	ML	ROXA	6	35	8317
00054-0007-13	CALCITRIOL 0.25MCG	CAP	CAP	ROXA	6	210	8317
00054-0017-25	PREDNISONE 10MG	TAB	TAB	ROXA	6	120	8317
00054-0017-29	PREDNISONE 10MG#	TAB	TAB	ROXA	6	52	8317
00054-0019-25	PREDNISONE 50MG	TAB	TAB	ROXA	6	14	8317
00054-0085-25	ZALEPLON 10MG CAPS R	OX			4	426	8317
00054-2527-25	LITHIUM CARB 300MG	CAP	CAP	ROXA	6	60	8317
00054-2795-25	OXYCOD/APAP 5-500MG	CAP	CAP	ROXA	2	240	8317
00054-3028-02	ACETYLCYST 20%	SOL	ML	ROXA	6	60	8317
00054-3120-41	CALCITRIOL 1MCG/ML	SOL	ML	ROXA	6	360	8317
00054-3270-99	FLUTICASONE 50MCG	SPR	GM	ROXA	6	1616	8317
00054-4084-25	AZATHIOPRINE 50MG	TAB	TAB	ROXA	6	420	8317
00054-4146-22	CLOTTRIMAZOLE 10MG	TRO	TRO	ROXA	6	70	8317
00054-4184-25	DEXAMETHASON 4MG	TAB	TAB	ROXA	6	28	8317
00054-4581-11	MERCAPTOPUR 50MG	TAB	TAB	ROXA	6	30	8317
00054-4582-25	MORPHINE SUL 15MG	TAB	TAB	ROXA	2	100	8317
00054-4741-25	PREDNISONE 1MG	TAB	TAB	ROXA	6	630	8317
00056-0173-70	COUMADIN 7.5MG	TAB	TAB	B-MS	6	330	8317
00056-0521-68	SINEMET CR 50/200	TAB	TAB	B-MS	6	510	8317
00056-0650-68	SINEMET 25/100	TAB	TAB	B-MS	6	1350	8317
00062-0190-11	RETIN-A MICR 0.1%PU	GEL	GM	ORTH	6	50	8317
00062-0204-03	RETIN-A MICR 0.04%	GEL	GM	ORTH	6	90	8317
00062-0657-30	ULTRAM ER 300 MG	TAB	TAB	ORTH	6	30	8317
00062-1251-15	ORTHO TRI- CYCLN LO	TAB	TAB	ORTH	6	868	8317
00062-1920-15	ORTHO EVRA WEEK	DIS	PAT	ORTH	6	18	8317
00062-2085-12	AXERT 12.5MG	TAB	TAB	ORTH	6	54	8317
00065-0246-10	BETOPTIC-S 0.25% OP	SUS	ML	ALCO	6	50	8317
00065-0260-25	TRAVATAN Z 0.004%	DRP	ML	ALCO	6	15	8317
00065-0266-25	TRAVATAN 0.004% OPHT	H S	ML	OL AL	6	27	8317
00065-0271-05	PATANOL 0.1% OP	SOL	ML	ALCO	6	40	8317
00065-0272-25	PATADAY 0.2%	SOL	ML	ALCO	6	9	8317
00065-0275-10	AZOPT 1% OP	SUS	ML	ALCO	6	50	8317
00065-0332-30	PATANASE 0.6% SPRAY			ALC	6	62	8317
00065-0429-15	SYSTANE	SOL	ML	ALCO	8	15	8317
00065-0647-25	TOBRADEX OPTH 2.5ML	SU	ML	S ALC	6	6	8317
00065-4013-03	VIGAMOX 0.5%	DRO	ML	ALCO	6	45	8317
00065-8533-02	CIPRODEX 0.3-0.1%	SUS	ML	ALCO	6	128	8317
00066-0494-25	BENZACLIN 1-5%	GEL	GM	DERM	6	175	8317
00066-0494-50	BENZACLIN 1-5%	GEL	GM	DERM	6	150	8317
00066-7150-30	CARAC 0.5%	CRE	GM	AVEN	6	60	8317
00067-5126-14	NICOTINE 21MG/24H	DIS	PAT	NOVA	6	84	8317



00067-6024-15	DENAVIR 1%	CRE	GM	NOVA	6	14	8317
00067-6070-30	LORATADINE 10MG	TAB	TAB	NOVA	8	612	8317
00067-6215-97	VOLTAREN 1% GEL END	O			6	400	8317
00069-0469-97	CHANTIX 1 MG	PAK	PAK	PFIZ	6	336	8317
00069-0471-97	CHANTIX STARTER PAK		PAK	PFIZ	6	106	8317
00069-1540-68	NORVASC 10MG	TAB	TAB	PFIZ	6	90	8317
00069-2150-30	CADUET 5MG/10MG	TAB	TAB	PFIZ	6	180	8317
00069-4170-21	ZMAX 2GM	SUS	BTL	PFIZ	6	2	8317
00069-4190-68	REVATIO 20MG TAB				6	270	8317
00069-4200-30	VIAGRA 25MG	TAB	TAB	PFIZ	6	3	8317
00069-4220-30	VIAGRA 100MG	TAB	TAB	PFIZ	6	119	8317
00071-0155-23	LIPITOR 10MG	TAB	TAB	PFIZ	6	1265	8317
00071-0156-23	LIPITOR 20MG	TAB	TAB	PFIZ	6	1395	8317
00071-0157-23	LIPITOR 40MG	TAB	TAB	PFIZ	6	1680	8317
00071-0158-23	LIPITOR 80MG	TAB	TAB	PFIZ	6	480	8317
00071-0369-24	DILANTIN 100MG	CAP	CAP	PFIZ	6	1845	8317
00071-0418-13	NITROSTAT 0.4MG	SUB	TAB	PFIZ	6	100	8317
00071-0418-24	NITROSTAT 0.4MG	SUB	TAB	PFIZ	6	100	8317
00071-0419-24	NITROSTAT 0.6MG	SUB	TAB	PFIZ	6	100	8317
00071-1012-68	LYRICA 25MG CAPS PFI		CAP		5	84	8317
00071-1013-41	LYRICA 50 MG	CAP	CAP	PFIZ	5	21	8317
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00071-1013-68	LYRICA 50MG CAPS	P	TAB	FIZER	5	900	8317
00071-1014-41	LYRICA 75 MG	CAP	CAP	PFIZ	5	120	8317
00071-1014-68	LYRICA 75MG PFI		CAP		5	1146	8317
00071-1015-68	LYRICA 100MG CAP		CAP	PFIZ	5	480	8317
00071-1016-68	LYRICA 150MG CAPS	P	TAB	FIZER	5	1831	8317
00071-1017-68	LYRICA 200MG PFI		CAP		5	570	8317
00074-3007-90	ADVICOR 1000MG/20MG	ABB		OTT	6	45	8317
00074-3014-60	AZMACORT 20GM ABBOTT				6	220	8317
00074-3074-90	NIASPAN ER 500MG ABB				6	540	8317
00074-3080-90	NIASPAN 1000MG ER TA	BS		ABB	6	298	8317
00074-3312-90	SIMCOR 20/500 ER TAB	S A		BBOTT	6	90	8317
00074-3799-02	HUMIRA 40MG/0.8	KIT	KIT	ABBO	6	22	8317
00074-4341-13	SYNTHROID 25MCG	TAB	TAB	ABBO	6	193	8317
00074-4552-13	SYNTHROID 50MCG	TAB	TAB	ABBO	6	690	8317
00074-5182-13	SYNTHROID 75MCG	TAB	TAB	ABBO	6	390	8317
00074-6122-90	TRICOR 48MG	TAB	TAB	ABBO	6	270	8317
00074-6123-90	TRICOR 145MG	TAB	TAB	ABBO	6	2070	8317
00074-6227-13	ERYTHROMYCIN 500MG	TAB	TAB	ABBO	6	49	8317
00074-6320-13	ERY-TAB 333MG EC	TAB	TAB	ABBO	6	18	8317
00074-6326-13	ERYTHROMYCIN 250MG	TAB	TAB	ABBO	6	81	8317
00074-6594-13	SYNTHROID 88MCG	TAB	TAB	ABBO	6	30	8317
00074-6624-13	SYNTHROID 100MCG	TAB	TAB	ABBO	6	150	8317
00074-7069-13	SYNTHROID 150MCG	TAB	TAB	ABBO	6	150	8317
00074-7126-11	DEPAKOTE ER 500MG UD	TA	TAB	B ABB	6	360	8317
00074-7126-13	DEPAKOTE ER 500MG TA	B A	TAB	BB	6	1320	8317
00074-7149-13	SYNTHROID 300MCG	TAB	TAB	ABBO	6	150	8317
00074-9296-13	SYNTHROID 112MCG	TAB	TAB	ABBO	6	14	8317
00075-0620-40	LOVENOX 40/0.4ML	INJ	ML	RP R	6	50	8317
00075-1506-16	NASACORT AQ 55MCG/A	CAE	GM	R AVE	6	187	8317
00078-0311-54	MIACALCIN 200/ACT	SPR	ML	NOVA	6	16	8317
00078-0314-34	DIOVAN HCT 80/12.5	TAB	TAB	NOVA	6	120	8317
00078-0315-34	DIOVAN HCT 160/12.5	TAB	TAB	NOVA	6	360	8317
00078-0326-44	EXELON 6MG	CAP	CAP	NOVA	6	300	8317
00078-0344-42	VIVELLE-DOT 0.05MG	DIS	PAT	NOVA	6	32	8317
00078-0344-45	VIVELLE-DOT 0.05MG	DI	PAT	S NOV	6	24	8317
00078-0345-42	VIVELLE-DOT 0.075MG	DIS	PAT	NOVA	6	8	8317
00078-0345-45	VIVELLE-DOT 0.075MG	DI	PAT	S NOV	6	16	8317

00078-0346-42	VIVELLE-DOT 0.1MG	DIS	PAT	NOVA	6	136	8317
00078-0352-05	STARLIX 120MG	TAB	TAB	NOV	6	270	8317
00078-0354-15	LESCOL XL 80MG	TAB	TAB	NOVA	6	120	8317
00078-0358-06	DIOVAN 80MG	TAB	TAB	NOVA	6	180	8317
00078-0358-34	DIOVAN 80MG	TAB	TAB	NOVA	6	510	8317
00078-0359-34	DIOVAN 160MG	TAB	TAB	NOVA	6	930	8317
00078-0360-34	DIOVAN 320MG	TAB	TAB	NOVA	6	210	8317
00078-0365-45	VIVELLE-DOT 0.025MG	DIS	PAT	NOVA	6	24	8317
00078-0375-46	ELIDEL 1%	CRE	GM	NOVA	6	90	8317
00078-0381-05	FOCALIN 5MG		TAB		2	210	8317
00078-0382-05	FOCALIN 10MG		TAB		2	360	8317
00078-0383-34	DIOVAN HCT 160/25 M	TAB	TAB	NOVA	6	390	8317
00078-0384-05	LOTREL 5-40 MG	CAP	CAP	NOVA	6	360	8317
00078-0420-15	ENABLEX 15MG	TAB	TAB	NOVA	6	180	8317
00078-0423-15	DIOVAN 40MG	TAB	TAB	NOVA	6	150	8317
00078-0430-05	FOCALIN XR 5MG	CAP	CAP	NOVA	2	30	8317
00078-0431-05	FOCALIN XR 10MG	CAP	CAP	NOVA	2	720	8317
00078-0432-05	FOCALIN XR 20MG	CAP	CAP	NOVA	2	180	8317
00078-0457-05	TRILEPTAL 600MG	TAB	TAB	NOVA	6	60	8317
00078-0458-05	LOPRESSOR 50MG	TAB	TAB	NOVA	6	200	8317
00078-0472-34	DIOVAN HCT 320/25 M	TAB	TAB	NOVA	6	570	8317
00078-0485-15	TEKTURN 150MG NOV		TAB		6	30	8317
00078-0493-05	FOCALIN XR 15 MG	CAP	CAP	NOVA	2	390	8317
00078-0501-15	EXELON 4.6MG/24HR PA	TCH			6	240	8317
00078-0502-15	EXELON PATCH 9.5MG				6	180	8317
00078-0509-05	TEGRETOL 200MG	TAB	TAB	NOVA	6	1680	8317
00085-1132-01	PROVENTIL HFA	AER	GM	SCHE	6	721	8317
00085-1264-01	CLARINEX 5MG	TAB	TAB	SCHE	6	87	8317
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00085-1264-04	CLARINEX 5MG	TAB	TAB	SCHE	6	150	8317
00085-1288-01	NASONEX 50MCG/AC	SPR	GM	SCHE	6	1479	8317
00085-1334-01	CLARINEX 0.5MG/ML	SYP	ML	SCHE	6	690	8317
00085-1341-02	ASMANEX 60 220MCG	AER	GM	SCHE	6	420	8317
00085-1341-03	ASMANEX 30 220MCG	AER	GM	SCHE	6	30	8317
00085-1401-01	FORADIL AEROLIZE	CAP	EA	SCHE	6	120	8317
00085-1461-02	ASMANEX 110MCG 30 DO	SE		SCHER	6	150	8317
00085-1733-01	AVELOX 400MG	TAB	TAB	BAYE	6	150	8317
00085-1901-01	LEVITRA 10MG	TAB	TAB	SCHE	6	5	8317
00085-1934-01	LEVITRA 20MG	TAB	TAB	SCHE	6	18	8317
00087-2771-32	AVAPRO 75MG	TAB	TAB	BMS	6	60	8317
00087-2772-31	AVAPRO 150MG	TAB	TAB	BMS	6	120	8317
00087-2773-31	AVAPRO 300MG	TAB	TAB	BMS	6	510	8317
00087-2775-31	AVALIDE 150-12.5	TAB	TAB	BMS	6	420	8317
00087-2776-31	AVALIDE 300-12.5	TAB	TAB	BMS	6	480	8317
00088-1090-47	ALLEGRA-D 12 HOUR	TAB	TAB	AVEN	6	540	8317
00088-1095-47	ALLEGRA-D 24 HOUR	TAB	TAB	AVEN	6	60	8317
00088-2220-33	LANTUS 100/ML	INJ	ML	AVEN	6	1070	8317
00088-2220-52	LANTUS FOR OPTICLIK	INJ	ML	AVEN	6	135	8317
00088-2220-60	LANTUS SOLOSTAR				6	315	8317
00091-0447-23	TRILYTE	SOL	ML	ALAV	6	40000	8317
00091-0690-10	PROCTOFOAM -HC 1%	AER	GM	ALAV	6	10	8317
00093-0012-98	PANTOPRAZOLE SOD 40M	G T	MG	ABTEV	6	60	8317
00093-0132-01	LAMOTRIGINE 25 MG	CHW	TAB	TEVA	6	398	8317
00093-0221-06	RISPERIDONE 0.25 MG	TAB		TEVA	6	30	8317
00093-0224-90	SUMATRIPTAN 100MG TA	B T		EVA	6	18	8317
00093-0225-06	RISPERIDONE 0.5MG TA	B		TEVA	6	674	8317
00093-0266-39	FLUOCINONIDE 0.05%	SOL	ML	TEVA	6	120	8317
00093-0463-01	LAMOTRIGINE 100MG TE	VA			6	582	8317
00093-0537-01	NAPROXEN SOD 550MG	TAB	TAB	TEVA	6	694	8317

00093-0670-05	GEMFIBROZIL 600MG#	TA	TAB	B TEV	6	1920	8317
00093-0670-06	GEMFIBROZIL 600MG	TA	TAB	B TEV	6	780	8317
00093-0688-01	LAMOTRIGINE 5 MG	CHW	TAB	TEVA	6	534	8317
00093-0782-56	TAMOXIFEN 20MG	TAB	TAB	TEVA	6	150	8317
00093-0819-01	NIFEDICAL XL 30MG	TAB	TAB	TEVA	6	30	8317
00093-0819-55	NIFEDICAL XL 30MG	TAB	TAB	TEVA	6	30	8317
00093-0890-01	PROPO-N/APAP 100-65	TAB	TAB	TEVA	4	880	8317
00093-0890-05	PROPO-N/APAP 100-65	TAB	TAB	TEVA	4	4144	8317
00093-1006-01	NAPROXEN DR 500MG	TAB	TAB	TEVA	6	180	8317
00093-2274-34	AMOX/CLAV 500MG	TAB	TAB	TEVA	6	214	8317
00093-2275-34	AMOX/CLAV 875MG	TAB	TAB	TEVA	6	698	8317
00093-3196-53	CEFADROXIL 500 MG	CAP	CAP	TEVA	6	28	8317
00093-4030-01	INDOMETHACIN 50MG		CAP	TEVA	6	488	8317
00093-4150-73	AMOXICILLIN 125/5ML	SU	ML	S TEV	6	100	8317
00093-4150-80	AMOXICILLIN 125/5ML	SU	ML	S TEV	6	150	8317
00093-4155-73	AMOXICILLIN 250/5ML	SU	ML	S TEV	6	1100	8317
00093-4155-79	AMOXICILLIN 250/5ML	SU	ML	S TEV	6	160	8317
00093-4155-80	AMOXICILLIN 250/5ML	SU	ML	S TEV	6	1350	8317
00093-4160-73	AMOXICILLIN 200/5ML	SUS	ML	TEVA	6	100	8317
00093-4161-73	AMOXICILLIN 400MG/M	SUS	ML	TEVA	6	1400	8317
00093-4161-78	AMOXICILLIN 400/5ML	SUS	ML	TEVA	6	1425	8317
00093-4356-10	FLUOXETINE 20MG TEVA				6	2520	8317
00093-5112-98	DILTIAZEM 120MG ER	CAP	CAP	TEVA	6	150	8317
00093-5116-01	PENTOXIFYLLI 400MG E	RTA	TAB	B TEV	6	60	8317
00093-5117-98	DILTIAZEM 180MG ER	CAP	CAP	TEVA	6	120	8317
00093-5118-98	DILTIAZEM 240MG ER	CAP	CAP	TEVA	6	210	8317
00093-5171-44	ALENDRONATE SOD 70MG	TE	TAB	VA	6	324	8317
00093-5172-44	ALENDRONATE SODIUM 3	5MG		TEVA	6	4	8317
00093-5173-01	NIFEDICAL XL 60MG TA	BS			6	60	8317
00093-5211-56	OMEPRAZOLE SUSP 20MG	/5M		L	6	2400	8317
00093-5310-01	POT CHLORIDE 10MEQ	TAB	TAB	TEVA	6	90	8317
00093-5311-01	POT CHLORIDE 20MEQ	TAB	TAB	TEVA	6	780	8317
00093-5350-56	BUDEPRION XL 150MG T	AB		TEVA	6	30	8317
00093-6300-12	CETIRIZINE 1MG/ML TE	VA			6	150	8317
00093-6816-73	BUDESONIDE INH 0.5MG	/2M		L TEV	6	120	8317
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00093-7146-18	AZITHROMYCIN 250MG	TAB	TAB	TEVA	6	6	8317
00093-7178-01	NEFAZODONE 50MG	TAB	TAB	TEVA	6	720	8317
00093-7234-01	MELOXICAM 7.5MG TAB	TEV	TAB	A	6	360	8317
00093-7240-06	RISPERIDONE 1MG TEVA				6	870	8317
00093-7241-06	RISPERIDONE 2MG TAB	TEV		A	6	90	8317
00093-7242-06	RISPERIDONE 3MG TAB	TEV		A	6	120	8317
00093-7243-06	RISPERIDONE 4MG TAB	TEV		A	6	180	8317
00093-7244-06	CLARITHROMYC 500 MG	TAB	TAB	TEVA	6	20	8317
00093-7248-06	LAMOTRIGINE 200MG TA	B T		EVA	6	210	8317
00093-7299-01	MELOXICAM 15MG TABS	TEV		A	6	828	8317
00093-7371-01	AMLOD/BENAZP 5-10 M	CAP	CAP	TEVA	6	450	8317
00093-7372-01	AMLOD/BENAZP 5-20 M	CAP	CAP	TEVA	6	2190	8317
00093-7373-01	AMLOD/BENAZP 10-20	CAP	CAP	TEVA	6	1230	8317
00093-7380-01	VENLAFAXINE 37.5 MG	TAB	TAB	TEVA	6	120	8317
00093-8119-56	FAMCICLOVIR 500MG TA	B T		EVA	6	21	8317
00093-8675-74	AMOX/K CLAV 600/5ML	SUS	ML	TEVA	6	1000	8317
00093-8675-75	AMOX/K CLAV 600/5ML	SUS	ML	TEVA	6	750	8317
00093-8675-78	AMOX/K CLAV 600/5ML	SUS	ML	TEVA	6	600	8317
00093-8739-01	MEXILETINE 150MG	CAP	CAP	TEVA	6	300	8317
00095-0086-35	DEXPAK 10 DAY	PAK	TAB	ECRP	6	35	8317
00095-0086-51	DEXPAK 13 DAY	PAK	TAB	ECRP	6	255	8317
00095-0089-21	DEXPAK 6 DAY TAPERPA	K			6	21	8317
00095-1200-06	LODRANE 24	CAP	CAP	ECRP	6	554	8317

00095-1290-06	LODRANE 24D 12-90 M	CAP	CAP	ECRP	6	171	8317
00095-9008-16	LODRANE D SUSPENSION		ML	ECRP	6	810	8317
00115-1041-01	PROMETHAZINE HCL 25M	G T		B GLB	6	487	8317
00115-2011-01	ORPHENADRINE 100MG	TAB	TAB	GLOB	6	222	8317
00115-2122-14	DEMECLOCYCL 300MG	TAB	TAB	GLOB	6	336	8317
00115-3511-01	PYRIDOSTIGM 60MG	TAB	TAB	GLOB	6	250	8317
00115-5211-16	COLESTIPOL 1GM	TAB	TAB	GLOB	6	360	8317
00115-5522-10	FENOFIBRATE 160MG TA	BS		GLBL	6	120	8317
00115-7033-01	FLUDROCORT 0.1MG	TAB	TAB	GLOB	6	360	8317
00116-2001-16	CHLORHEX GLU 0.12%	SOL	ML	XTTR	6	7193	8317
00121-0759-08	PREDNISOLONE 15MG/5	SOL	ML	PHAR	6	1945	8317
00126-0287-33	PREVIDENT 5000 PLS	CRE	GM	COLG	6	204	8317
00143-1115-01	BUT/APAP/CAF	TAB	TAB	WEST	6	600	8317
00143-1172-01	CAPTOPRIL 25MG	TAB	TAB	WEST	6	180	8317
00143-1240-01	DIGOXIN 0.125MG TAB	WES		T	6	795	8317
00143-1241-01	DIGOXIN TABS .25MG	WES		TWARD	6	330	8317
00143-1248-01	FOLIC ACID 1MG	TAB	TAB	WEST	6	120	8317
00143-1248-10	FOLIC ACID 1MG#	TAB	TAB	WEST	6	120	8317
00143-1290-01	METHOCARBAM 500MG	TA	TAB	B WES	6	304	8317
00143-1292-01	METHOCARBAM 750MG	TA	TAB	B WES	6	2959	8317
00143-1292-05	METHOCARBAM 750MG	TA	TAB	B WES	6	30	8317
00143-1473-01	PREDNISON 10MG	TAB	TAB	WEST	6	1707	8317
00143-1475-01	PREDNISON 5MG	TAB	TAB	WEST	6	1560	8317
00143-1475-10	PREDNISON 5MG	TAB	TAB	WEST	6	973	8317
00143-1477-01	PREDNISON 20MG	TAB	TAB	WEST	6	729	8317
00143-1771-01	ISOSORB DIN 10MG	TA	TAB	B WES	6	270	8317
00143-1771-10	ISOSORB DIN 10MG	TA	TAB	B WES	6	180	8317
00143-1772-10	ISOSORB DIN 20MG	TA	TAB	B WES	6	540	8317
00143-1787-01	BUT/APAP/CAF	TAB	TAB	WEST	6	629	8317
00143-3141-50	DOXYCYCL HYC 50MG	CAP	CAP	WEST	6	30	8317
00143-9887-01	AMOXICILLIN 400/5 M	SUS	ML	WEST	6	900	8317
00143-9887-50	AMOXICILLIN 400/5 M	SUS	ML	WEST	6	200	8317
00143-9887-75	AMOXICILLIN 400/5 M	SUS	ML	WEST	6	225	8317
00143-9888-01	AMOXICILLIN 125/5 M	SUS	ML	WEST	6	200	8317
00143-9889-01	AMOXICILLIN 250/5 M	SUS	SUS	WEST	6	400	8317
00145-2367-01	DUAC 1-5% KIT	GEL	GM	STIE	6	1	8317
00145-4300-01	ACITRETIN 25MG/5ML				6	450	8317
00149-0472-01	ACTONEL 35MG	TAB	TAB	PROC	6	48	8317
00149-0478-01	ACTONEL 150MG				6	3	8317
00149-0752-15	ASACOL 400MG DR	TAB	TAB	PROC	6	360	8317
00168-0015-31	HYDROCORT 1%	CRE	GM	FOUG	6	90	8317
00168-0026-38	BACITRACIN OP	OIN	GM	FOUG	6	4	8317
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00168-0033-46	BETAMETH VAL 0.1%	OIN	GM	FOUG	6	45	8317
00168-0040-15	BETAMETH VAL W/ AQUA	PHO		R	6	165	8317
00168-0040-46	BETAMETH VAL 0.1%	CRE	GM	FOUG	6	45	8317
00168-0041-60	BETAMETH VAL 0.1%	LOT	ML	FOUG	6	60	8317
00168-0062-16	ZINC OXIDE 20%	OIN	GM	FOUG	8	454	8317
00168-0070-38	ERYTHROMYCIN OP	OIN	GM	FOUG	6	32	8317
00168-0080-31	HYDROCORT CR 2.5%/VA	NIC		REAM	6	453	8317
00168-0081-15	NYSTAT/TRIAM	CRE	GM	FOUG	6	30	8317
00168-0099-15	KETOCONAZOLE 2%	CRE	GM	FOUG	6	15	8317
00168-0099-60	KETOCONAZOLE 2%	CRE	GM	FOUG	6	120	8317
00168-0162-60	CLOBETASOL 0.05%	OIN	GM	FOUG	6	60	8317
00168-0202-60	CLINDAMYCIN 1%	GE	GM	L FOU	6	60	8317
00168-0203-60	CLINDAMYCIN 1%	LOT	ML	FOUG	6	60	8317
00168-0258-15	CLOTRIM/BETA DIPROP	CRE	GM	FOUG	6	120	8317
00168-0258-46	CLOTRIM/BETA DIPROP	CRE	GM	FOUG	6	405	8317
00168-0263-60	ALCLOMETASON 0.05%	CRE	GM	FOUG	6	60	8317

00168-0265-50	AUG BETAMET 0.05%	CRE	GM	FOUG	6	50	8317
00168-0268-15	AUG BETAMET 0.05%	OI	GM	N FOU	6	30	8317
00168-0268-50	AUG BETAMET 0.05%	OI	GM	N FOU	6	100	8317
00168-0310-02	DESONIDE 0.05% LOTIO	N			6	59	8317
00168-0310-04	DESONIDE .05% LOTION	4O		Z FOU	6	120	8317
00168-0312-30	ECONAZOLE 1% CRE FOU	G			6	150	8317
00168-0312-85	ECONAZOLE 1%	CRE	GM	FOUG	6	85	8317
00168-0357-30	LIDOC/PRILOC 2.5-2.	CRE	GM	FOUG	6	30	8317
00168-0370-30	CLOTRIMAZ/BETA DIP L	OT		FOUG	6	90	8317
00168-0383-60	METRONIDAZOL 0.75%	LOT	ML	FOUG	6	59	8317
00168-0410-15	PREDNICARBAT 0.1%	OIN	GM	FOUG	6	15	8317
00169-1833-11	NOVOLIN R U-100	INJ	ML	NOVO	8	40	8317
00169-1834-11	NOVOLIN N U-100	INJ	ML	NOVO	8	350	8317
00169-1837-11	NOVOLIN 70/30	INJ	ML	NOVO	8	290	8317
00169-1851-89	NOVOFINE 32 MIS NOVO				8	200	8317
00169-1852-55	NOVOFINE 31 DISPOS	MIS	NDL	NOVO	8	500	8317
00169-3303-12	NOVOLOG PENFILL	INJ	ML	NOVO	6	15	8317
00169-3685-12	NOVOLOG MIX 70/30	INJ	ML	NOVO	6	20	8317
00169-3687-12	LEVEMIR	INJ	ML	NOVO	6	10	8317
00169-3696-19	NOVOLOG MIX FLEXPEN	70/	ML	30 NV	6	270	8317
00169-5173-03	VAGIFEM 25MCG	TAB	TAB	NOVO	6	136	8317
00169-6339-10	NOVOLOG FLEXPEN	INJ	ML	NOVO	6	315	8317
00169-6439-10	LEVEMIR FLEXPEN	INJ	ML	NOVO	6	255	8317
00169-7501-11	NOVOLOG 100/ML VIAL	INJ	ML	NOVO	6	460	8317
00172-2083-60	HYDROCHLOROT 25MG	TAB	TAB	TEVA	6	3955	8317
00172-2083-80	HYDROCHLOROT 25MG	TAB	TAB	TEVA	6	3906	8317
00172-2089-60	HYDROCHLOROT 50MG	TAB	TAB	IVAX	6	150	8317
00172-2089-80	HYDROCHLOROT 50MG	TAB	TAB	TEVA	6	210	8317
00172-2407-60	TETRACYCLINE 500MG	CAP	CAP	IVAX	6	28	8317
00172-2416-60	TETRACYCLINE 250MG	CAP	CAP	IVAX	6	60	8317
00172-2985-48	DOXYCYCL HYC 100MG	CAP	CAP	IVAX	6	192	8317
00172-3626-48	DOXYCYCL HYC 100MG	TAB	TAB	IVAX	6	451	8317
00172-3626-70	DOXYCYCL HYC 100MG	TAB	TAB	IVAX	6	452	8317
00172-3926-70	DIAZEPAM 5MG	TAB	TAB	IVAX	4	40	8317
00172-4280-60	VERAPAMIL 240MG ER	TAB	TAB	IVAX	6	840	8317
00172-4285-60	VERAPAMIL 120 MG ER	TAB	TAB	IVAX	6	510	8317
00172-4356-00	FLUOXETINE HCL 20MG	CAP	CAP	IVAX	6	330	8317
00172-4356-10	FLUOXETINE 20MG	CAP	CAP	IVAX	6	30	8317
00172-4356-60	FLUOXETINE 20MG	CAP	CAP	IVAX	6	840	8317
00172-4356-80	FLUOXETINE 20MG	CAP	CAP	TEVA	6	690	8317
00172-4364-60	LABETALOL 100MG	TAB	TAB	IVAX	6	510	8317
00172-4365-60	LABETALOL 200MG	TAB	TAB	IVAX	6	960	8317
00172-4366-60	LABETALOL 300MG	TAB	TAB	IVAX	6	600	8317
00172-5034-00	LISINOPRIL-H 20-12.	TAB	TAB	IVAX	6	30	8317
00172-5411-00	FLUCONAZOLE 100MG	TAB	TAB	IVAX	6	14	8317
00172-5411-46	FLUCONAZOLE 100MG	TAB	TAB	IVAX	6	82	8317
00172-5412-11	FLUCONAZOLE 150MG	TAB	TAB	IVAX	6	33	8317
00172-5412-79	FLUCONAZOLE 150 MG	TAB	TAB	IVAX	6	16	8317
00172-5665-60	BUSPIRONE HCL 15MG	TAB	TAB	IVAX	6	2040	8317
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00172-7171-60	CIMETIDINE 400MG	TAB	TAB	IVAX	6	310	8317
00173-0135-55	WELLBUTRIN 150MG SR	TAB	TAB	GLAX	6	60	8317
00173-0242-55	LANOXIN 0.125MG	TAB	TAB	GLAX	6	150	8317
00173-0521-00	SEREVENT DIS 50MCG	AER	DSK	GLAX	6	420	8317
00173-0527-00	LAMICTAL 25MG	CHW	TAB	GLAX	6	1634	8317
00173-0565-04	VALTREX 1GM	TAB	TAB	GLAX	6	209	8317
00173-0594-02	LAMICTAL START 49	KIT	KIT	GLAX	6	49	8317
00173-0600-02	FLOVENT DISK 50MCG	AER	DSK	GLAX	6	60	8317
00173-0602-02	FLOVENT DISKUS 100				6	60	8317

00173-0633-02	LAMICTAL 25MG	TAB	TAB	GLAX	6	1707	8317
00173-0642-55	LAMICTAL 100MG	TAB	TAB	GLAX	6	300	8317
00173-0682-20	VENTOLIN HFA	AER	GM	GLAX	6	594	8317
00173-0695-00	ADVAIR DISKU 100/50	MIS	DSK	GLAX	6	1200	8317
00173-0696-00	ADVAIR DISKU 250/50	MIS	DSK	GLAX	6	4680	8317
00173-0697-00	ADVAIR DISKU 500/50	MIS	DSK	GLAX	6	1440	8317
00173-0712-15	AVODART 0.5MG	CAP	CAP	GLAX	6	660	8317
00173-0716-00	ADVAIR HFA 115/21	AER	GM	GLAX	6	36	8317
00173-0716-20	ADVAIR HFA 115/21	AER	GM	GLAX	6	12	8317
00173-0718-20	FLOVENT HFA 44MCG	AER	GM	GLAX	6	11	8317
00173-0719-20	FLOVENT HFA 110MCG	AER	GM	GLAX	6	96	8317
00173-0735-00	IMITREX 25MG	TAB	TAB	GLAX	6	9	8317
00173-0736-01	IMITREX 50MG	TAB	TAB	GLAX	6	18	8317
00173-0737-01	IMITREX 100MG	TAB	TAB	GLAX	6	36	8317
00173-0739-00	IMITREX 4 MG/0.5	KIT	PEN	GLAX	6	1	8317
00173-0753-00	VERAMYST 27.5MCG	SPR	GM	GLAX	6	90	8317
00173-0933-08	VALTrex 500MG	TAB	TAB	GLAX	6	86	8317
00182-1259-89	TRAZODONE 50MG	TAB	TAB	IVAX	6	60	8317
00182-1473-40	ACETAMIN 160/5 ML	SOL	ML	IVAX	8	120	8317
00182-4029-01	FERROUS SULF 325MG	TAB	TAB	IVAX	8	420	8317
00185-0025-01	LISINOPRIL 2.5MG	TAB	TAB	SAND	6	780	8317
00185-0034-51	TIZANIDINE 2MG	TAB	TAB	SAND	6	450	8317
00185-0042-09	FOSINOPRIL 20MG	TAB	TAB	SAND	6	150	8317
00185-0048-01	BENAZEPRIL 40MG	TAB	TAB	SAND	6	210	8317
00185-0053-01	BENAZEPRIL 10MG	TAB	TAB	SAND	6	180	8317
00185-0055-01	METOLAZONE 5MG	TAB	TAB	SAND	6	160	8317
00185-0063-01	CLONAZEPAM 0.5MG	TAB	TAB	SAND	4	855	8317
00185-0064-01	CLONAZEPAM 1MG	TAB	TAB	SAND	4	920	8317
00185-0065-01	CLONAZEPAM 2MG	TAB	TAB	SAND	4	30	8317
00185-0072-01	LOVASTATIN 20MG	TAB	TAB	SAND	6	60	8317
00185-0072-60	LOVASTATIN 20MG	TAB	TAB	SAND	6	861	8317
00185-0074-01	LOVASTATIN 40MG	TAB	TAB	SAND	6	150	8317
00185-0074-60	LOVASTATIN 40MG	TAB	TAB	SAND	6	1410	8317
00185-0101-01	LISINOPRIL 10 MG	TAB	TAB	SAND	6	4575	8317
00185-0101-10	LISINOPRIL 10 MG	TAB	TAB	SAND	6	510	8317
00185-0102-01	LISINOPRIL 20MG	TAB	TAB	SAND	6	3390	8317
00185-0102-10	LISINOPRIL 20MG	TAB	TAB	SAND	6	240	8317
00185-0104-01	LISINOPRIL 40MG	TAB	TAB	SAND	6	3127	8317
00185-0104-10	LISINOPRIL 40MG	TAB	TAB	SAND	6	330	8317
00185-0111-01	AMPHETAMINE 10MG	TAB	TAB	SAND	2	675	8317
00185-0122-01	NITROFURANTN 100MG	CAP	CAP	SAND	6	70	8317
00185-0130-01	BUMETANIDE 2MG	TAB	TAB	SAND	6	60	8317
00185-0144-60	AMIODARONE 200MG	TAB	TAB	SAND	6	420	8317
00185-0145-01	NABUMETONE 500MG TAB	S	TAB	SAND	6	420	8317
00185-0146-01	NABUMETONE 750MG SA	N	TAB	SAND	6	60	8317
00185-0152-01	LISINOP/HCTZ 20-12.	TAB	TAB	SAND	6	60	8317
00185-0205-01	METHIMAZOLE 5MG	TAB	TAB	SAND	6	480	8317
00185-0211-01	BENAZEP/HCTZ 20-12.	TAB	TAB	SAND	6	180	8317
00185-0401-01	AMPHETAMINE 20MG	TAB	TAB	SAND	2	180	8317
00185-0404-01	AMPHETAMINE 30MG	TAB	TAB	SAND	2	720	8317
00185-0410-60	BUPROPION 100MG SR	TAB	TAB	SAND	6	180	8317
00185-0415-01	BUPROPION 150MG SR	TAB	TAB	SAND	6	180	8317
00185-0415-60	BUPROPION 150MG SR	TAB	TAB	SAND	6	1387	8317
00185-0550-83	ITRACONAZOLE 100MG	CAP		SAND	6	42	8317
00185-0613-01	HYDROXYZ PAM 25MG	CAP	CAP	SAND	6	1502	8317
00185-0615-01	HYDROXYZ PAM 50MG	CAP	CAP	EON	6	690	8317
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00185-0647-01	PHENTERMINE 30MG	CAP	CAP	SAND	4	90	8317
00185-0704-01	BISOPRL/HCTZ 5/6.25	TAB	TAB	SAND	6	270	8317



00185-0707-01	BISOPROLOL/HCTZ 10/6.2	TAB	TAB	SAND	6	360	8317
00185-0720-60	INDOMETHACIN 75MG E	CAP	CAP	SAND	6	165	8317
00185-0820-01	BENAZEPRIL 20MG	TAB	TAB	SAND	6	394	8317
00185-0940-98	CHOLESTYRAM 4GM	POW	PAC	SAND	6	60	8317
00185-4400-10	TIZANIDINE 4MG	TAB	TAB	SAND	6	120	8317
00185-4400-51	TIZANIDINE 4MG	TAB	TAB	SAND	6	360	8317
00185-5254-01	PHENDIMETRAZ 105MG	CAP	CAP	SAND	3	30	8317
00185-5400-01	LISINOPRIL 5MG	TAB	TAB	SAND	6	2010	8317
00185-7322-60	IPRATROPIUM/ ALBUTE	SOL		SAND	6	540	8317
00186-0032-31	ATACAND 32MG	TAB	TAB	ASTZ	6	210	8317
00186-0162-54	ATACAND HCT 16-12.5	MTA	TAB	B AST	6	450	8317
00186-0370-20	SYMBICORT 160-4.5	AER	GM	ASTR	6	77	8317
00186-0372-20	SYMBICORT 80-4.5	AER	GM	ASTR	6	55	8317
00186-0916-12	PULMICORT 180MCG	INH	INH	ASTR	6	1	8317
00186-1070-08	RHINOCORT AQUA	SUS	ML	ASTR	6	27	8317
00186-1088-05	TOPROL XL 25MG ASTR	A	TAB		6	180	8317
00186-1090-05	TOPROL XL 50MG	TAB	TAB	ASTR	6	90	8317
00186-1092-39	TOPROL XL 100MG	TAB	TAB	ASTR	6	120	8317
00186-1988-04	PULMICORT 0.25MG/2	SUS	ML	ASTR	6	420	8317
00186-1989-04	PULMICORT 0.5MG/2	SUS	ML	ASTR	6	960	8317
00186-1990-04	PULMICORT RESP 1MG A	ST			6	840	8317
00186-4040-01	NEXIUM 40 MG DR *GRA	NUL	SUS	ES*	6	210	8317
00186-5020-31	NEXIUM 20MG	CAP	CAP	ASTR	6	120	8317
00186-5040-31	NEXIUM 40MG	CAP	CAP	ASTR	6	4005	8317
00186-5040-54	NEXIUM 40MG	CAP	CAP	ASTR	6	2129	8317
00187-0658-20	DIASTAT ACDL 5-10MG	GEL	KIT	VALE	4	3	8317
00193-1465-50	ASCENSIA BREEZE 2	MIS	STP	BAYE	8	100	8317
00193-1468-50	ASCENSIA BREEZE 2 M/	M S		TRIPS	8	100	8317
00193-2880-50	KETOSTIX STRIP	TES	STP	BAYE	8	50	8317
00193-3610-50	ASCENSIA AUTODISC	MIS	STP	BAYE	8	250	8317
00193-3623-50	ASCENSIA AUTODISC 50	TE	STP	STS	8	450	8317
00193-3918-50	ASCENSIA ELITE	TES	STP	BAYE	8	250	8317
00193-7080-50	ASCENSIA CONTOUR	TES	STP	BAYE	8	2250	8317
00193-7090-21	ASCENSIA CONTOUR	TES	STP	BAYE	8	3400	8317
00193-7097-50	ASCENSIA CONTOUR TES	T B	STP	AY MM	8	700	8317
00223-1721-01	SODIUM BICAR 650MG	TAB	TAB	CONS	8	100	8317
00225-0295-15	ANASPAZ 0.125MG	TAB	TAB	B.FA	6	30	8317
00228-2127-10	CLONIDINE 0.1 MG	TAB	TAB	ACTA	6	1370	8317
00228-2128-10	CLONIDINE 0.2 MG	TAB	TAB	ACTA	6	1245	8317
00228-2129-10	CLONIDINE 0.3 MG	TAB	TAB	ACTA	6	150	8317
00228-2539-10	CARB/LEVO 25-100 M	TAB	TAB	ACTA	6	630	8317
00228-2540-10	CARB/LEVO 25-250 M	TAB	TAB	ACTA	6	630	8317
00228-2636-11	GABAPENTIN 600 MG	TAB	TAB	ACTA	6	360	8317
00228-2665-11	GABAPENTIN 100 MG	CAP	CAP	ACTA	6	630	8317
00228-2666-11	GABAPENTIN 300 MG	CAP	CAP	ACTA	6	1800	8317
00228-2666-50	GABAPENTIN 300 MG	CAP	CAP	ACTA	6	360	8317
00228-2667-11	GABAPENTIN 400 MG	CAP	CAP	ACTA	6	260	8317
00228-2673-11	SPIRONOLACT 100 MG	TAB	TAB	ACTA	6	240	8317
00228-2752-11	GLYB/METFORM 2.5/50	TAB	TAB	ACTA	6	660	8317
00228-2753-11	GLYB/METFORM 5/500	TAB	TAB	ACTA	6	1088	8317
00228-2803-11	SPIRONOLACT 25 MG	TAB	TAB	ACTA	6	1350	8317
00228-2898-03	GLIPIZIDE ER 2.5MG A	CT			6	180	8317
00228-3003-11	CLONAZEPAM 0.5 MG	TAB	TAB	ACTA	4	1980	8317
00228-3004-11	CLONAZEPAM 1 MG	TAB	TAB	ACTA	4	390	8317
00228-3004-50	CLONAZEPAM 1 MG	TAB	TAB	ACTA	4	1890	8317
00245-0008-35	FORTICAL 200/ACT	SPR	ML	UPSH	6	12	8317
00245-0039-30	KLOR-CON/EF 25MEQ F	RTA	TAB	B UPS	6	30	8317
00245-0057-11	KLOR-CON M10 10MEQ	TAB	TAB	UPSH	6	90	8317
00245-0182-11	DIVALPROEX SOD DR 50	OMG		UPS	6	150	8317

00259-4770-40	NAFTIN 1%	GEL	GM	MERZ	6	40	8317
00299-3820-04	METROGEL 1%	KIT	PKG	GALD	6	1	8317
00299-3820-60	METROGEL 1%	GEL	GM	GALD	6	300	8317
00299-3847-04	CLOBEX 0.05%	SHA	ML	GALD	6	118	8317
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00299-5500-04	CAPEX SHAMPOO 0.01%		ML	GALD	6	120	8317
00299-5915-45	DIFFERIN 0.1%	CRE	GM	GALD	6	90	8317
00299-5918-45	DIFFERIN 0.3%	GEL	GM	GALD	6	45	8317
00300-1541-30	PREVACID 15MG DR CAP	SUL	CAP	E TAP	6	150	8317
00300-1543-11	PREVACID SOLUTAB 15M	G			6	90	8317
00300-1544-11	PREVACID SOLUTABS 30	MG		TAP	6	60	8317
00300-3046-13	PREVACID 30MG DR	CAP	CAP	TAP	6	1600	8317
00310-0132-10	ZESTRIL 20MG	TAB	TAB	ASTZ	6	180	8317
00310-0134-10	ZESTRIL 40MG	TAB	TAB	ASTZ	6	90	8317
00310-0201-30	ARIMIDEX 1MG	TAB	TAB	ASTZ	6	480	8317
00310-0209-20	ZOMIG ZMT 2.5 MG	TAB	TAB	ASTR	6	68	8317
00310-0271-10	SEROQUEL 100MG	TAB	TAB	ASTZ	6	1440	8317
00310-0272-10	SEROQUEL 200MG	TAB	TAB	ASTZ	6	410	8317
00310-0274-60	SEROQUEL 300MG	TAB	TAB	ASTZ	6	315	8317
00310-0275-10	SEROQUEL 25MG	TAB	TAB	ASTZ	6	180	8317
00310-0278-10	SEROQUEL 50 MG	TAB	TAB	ASTR	6	420	8317
00310-0402-60	ACCOLATE 20MG	TAB	TAB	ASTZ	6	60	8317
00310-0751-39	CRESTOR 10MG	TAB	TAB	ASTR	6	120	8317
00310-0751-90	CRESTOR 10MG	TAB	TAB	ASTR	6	1290	8317
00310-0752-39	CRESTOR 20MG	TAB	TAB	ASTR	6	90	8317
00310-0752-90	CRESTOR 20MG	TAB	TAB	ASTR	6	300	8317
00310-0754-30	CRESTOR 40MG	TAB	TAB	ASTR	6	600	8317
00310-0755-90	CRESTOR 5MG	TAB	TAB	ASTR	6	30	8317
00378-0018-01	METOPROLOL TART 25MG	MY		LAN	6	2678	8317
00378-0040-01	CLOAZ DIPOT 7.5MG	TAB	TAB	MYLA	4	210	8317
00378-0080-01	INDAPAMIDE 2.5MG	TAB	TAB	MYLA	6	330	8317
00378-0141-01	SPIRONO/HCTZ 25/25	TAB	TAB	MYLA	6	90	8317
00378-0143-01	INDOMETHACIN 25MG	CAP	CAP	MYLA	6	56	8317
00378-0156-01	PROBENECID 500MG#	TAB	TAB	MYLA	6	360	8317
00378-0257-01	HALOPERIDOL 1MG	TA	TAB	B MYL	6	180	8317
00378-0327-01	HALOPERIDOL 5MG	TA	TAB	B MYL	6	90	8317
00378-0351-01	HALOPERIDOL 0.5MG	TA	TAB	B MYL	6	30	8317
00378-0415-01	DIPHEN/ATROP 2.5MG	TAB	TAB	MYLA	5	392	8317
00378-0472-01	DIVALPROIC ACID ER 2	50M		G MYL	6	21	8317
00378-0473-01	DIVALPROEX SOD ER 50	0MG		MYL	6	90	8317
00378-0525-01	DILTIAZEM 120MG	TAB	TAB	MYLA	6	180	8317
00378-1171-01	NADOLOL 40MG	TAB	TAB	MYLA	6	480	8317
00378-1175-91	BUSPIRONE HC 30MG	TAB	TAB	MYLA	6	180	8317
00378-1800-01	LEVOTHYROXIN 25MCG	TAB	TAB	MYLA	6	1770	8317
00378-1803-01	LEVOTHYROXIN 50MCG	TAB	TAB	MYLA	6	2955	8317
00378-1805-01	LEVOTHYROXIN 75MCG	TAB	TAB	MYLA	6	3075	8317
00378-1805-10	LEVOTHYROXIN 75MCG	TAB	TAB	MYLA	6	150	8317
00378-1807-01	LEVOTHYROXIN 88MCG	TAB	TAB	MYLA	6	1140	8317
00378-1809-01	LEVOTHYROXIN 100MCG	TAB	TAB	MYLA	6	30	8317
00378-1811-01	LEVOTHYROXIN 112MCG	TAB	TAB	MYLA	6	1050	8317
00378-1813-01	LEVOTHYROXIN 125MCG	TAB	TAB	MYLA	6	405	8317
00378-1815-01	LEVOTHYROXIN 150MCG	TAB	TAB	MYLA	6	330	8317
00378-2003-93	PAROXETINE ER 12.5MG	MY		LAN	6	210	8317
00378-2004-93	PAROXETINE 25MG ER	TAB		MYLA	6	600	8317
00378-2012-01	LISINOP/HCTZ 20-12.	TAB	TAB	MYLA	6	300	8317
00378-2020-01	PIROXICAM 20MG	CAP	CAP	MYLA	6	480	8317
00378-2063-01	ATENOL/CHLOR 50-25#	TA	TAB	B MYL	6	180	8317
00378-2064-01	ATENOL/CHLOR 100-25#	TA	TAB	B MYL	6	225	8317
00378-2100-01	LOPERAMIDE 2MG	CAP	CAP	MYLA	6	372	8317

00378-3005-01	THIOTHIXENE 5MG	CA	CAP	P MYL	6	360	8317
00378-3020-01	FAMOTIDINE 20MG	TAB	TAB	MYLA	6	30	8317
00378-3350-99	ESTRADIOL 0.05MG	DIS	PAT	MYLA	6	12	8317
00378-3351-99	ESTRADIOL 0.075MG	DIS	PAT	MYLA	6	4	8317
00378-3422-01	NITROFURANTN 100MG	CAP	CAP	MYLA	6	262	8317
00378-3475-01	NIFEDIPINE 30MG ER	TAB	TAB	MYLA	6	1027	8317
00378-3482-01	NIFEDIPINE 60MG ER	TAB	TAB	MYLA	6	540	8317
00378-3495-01	NIFEDIPINE 90MG ER#	TAB	TAB	MYLA	6	180	8317
00378-4003-05	ALPRAZOLAM 0.5MG	TAB	TAB	MYLA	4	420	8317
00378-4010-01	TEMAZEPAM 15MG	CAP	CAP	MYLA	4	420	8317
00378-5011-01	FELODIPINE ER 2.5MG	MYL		AN	6	240	8317
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00378-5012-01	FELODIPINE ER TABS 5	MG		MYLAN	6	555	8317
00378-5013-01	FELODIPINE ER 10MG M	YLA		N	6	420	8317
00378-5050-01	TEMAZEPAM 30MG	CAP	CAP	MYLA	4	750	8317
00378-5501-01	ROPINIROLE HCL 1MG	MYL		AN	6	630	8317
00378-5502-01	ROPINIROLE HCL 2MG T	ABS		MYL	6	90	8317
00378-5505-01	ROPINIROLE 5MG TAB M	YL			6	270	8317
00378-5550-01	ROPINIROLE 0.5 TAB M	YLA		N	6	138	8317
00378-5615-78	LEVETIRACETAM 500MG	TAB			6	465	8317
00378-5750-01	KETOPROFEN 75MG#	CAP	CAP	MYLA	6	120	8317
00378-6151-49	MENTAX 1%	CRE	GM	MYLA	6	60	8317
00378-6380-01	VERAPAMIL 180MG ER	CAP	CAP	MYLA	6	360	8317
00378-6605-01	OXYBUTYNIN 5 MG ER	TAB	TAB	MYLA	6	150	8317
00378-6610-01	OXYBUTYNIN 10 MG ER	TAB	TAB	MYLA	6	517	8317
00378-7734-97	ONDANSETRON ODT 8MG	MYL		AN	6	70	8317
00378-9104-93	NITROGLYCER 0.2MG/H	RDI	PAT	S MYL	6	300	8317
00378-9112-93	NITROGLYCER 0.4MG/H	RDI	PAT	S MYL	6	360	8317
00378-9116-93	NITROGLYCER 0.6MG/H	RDI	PAT	S MYL	6	180	8317
00378-9121-98	FENTANYL 25MCG/HR	DIS	PAT	MYLA	2	10	8317
00378-9122-98	FENTANYL 50MCG/HR	DIS	PAT	MYLA	2	25	8317
00378-9123-98	FENTANYL 75MCG/HR	DIS	PAT	MYLA	2	30	8317
00378-9124-98	FENTANYL 100MCG/H	DIS	PAT	MYLA	2	30	8317
00378-9639-43	BUTORPHANOL 10MG/ML	SOL	ML	MYLA	4	3	8317
00395-0649-94	SALICYLIC 25%/LACTIC	15		% IN	6	120	8317
00395-1049-16	SAL ACID 3%/LCD 3%/G	R S		OAP	8	480	8317
00406-0362-01	HYDROCO/APAP 10-660	TAB	TAB	MALL	3	200	8317
00406-0375-16	HYDROCODONE/ APAP	SOL	ML	MALL	3	3180	8317
00406-0484-01	APAP/CODEINE 300-30	TAB	TAB	MALL	3	999	8317
00406-0485-01	ACETAMINOPEN W/COD #	4	TAB	MAL	3	1935	8317
00406-0512-01	OXYCOD/APAP 5-325MG	TA	TAB	B MAL	2	3034	8317
00406-0512-05	OXYCOD/APAP 5-325MG	TA	TAB	B MAL	2	1058	8317
00406-0512-62	OXYCOD/APAP 5-325MG	TAB	TAB	MALL	2	240	8317
00406-0522-01	OXYCOD-APAP 7.5-325	TAB	TAB	MALL	2	240	8317
00406-0523-01	OXYCOD/APAP 10-325	TAB	TAB	MALL	2	4625	8317
00406-0552-01	OXYCODONE 5MG	TAB	TAB	MALL	2	485	8317
00406-0554-01	OXYCODONE 5MG CAPS		TAB		2	202	8317
00406-0562-01	OXYCOD/APAP 10-650	TAB	TAB	MALL	2	120	8317
00406-0582-01	OXYCOD/APAP 7.5-500	TAB	TAB	MALL	2	2787	8317
00406-0594-01	OXYCODONE ER 20MG MA	LL	TAB		2	6	8317
00406-0595-01	OXYCODONE ER 40MG TA	BLE		T MAL	2	924	8317
00406-0830-24	MORPHINE SUL 20 MG/	SOL	ML	MALL	2	210	8317
00406-1122-01	METHYLIN 10MG	TAB	TAB	MALL	2	240	8317
00406-2052-01	WARFARIN 1 MG	TAB	TAB	MALL	6	110	8317
00406-3244-01	HYDROMORPHON 4MG	TAB	TAB	MALL	2	702	8317
00406-5755-01	METHADONE 5MG	TAB	TAB	MALL	2	30	8317
00406-5771-01	METHADONE 10MG	TAB	TAB	MALL	2	1530	8317
00406-8315-01	MORPHINE SUL 15MG E	TAB	TAB	MALL	2	270	8317
00406-8330-01	MORPHINE SUL 30MG ER	TA	TAB	B MAL	2	390	8317

00406-8515-01	OXYCODONE 15MG	TAB	TAB	MALL	2	5426	8317
00406-8530-01	OXYCODONE 30MG	TAB	TAB	MALL	2	7272	8317
00430-0145-23	FEMHRT 0.5-2.5	TAB	TAB	WARN	6	90	8317
00430-0482-14	FEMCON FE	CHW	TAB	WARN	6	112	8317
00430-0530-14	LOESTRIN 24 FE	TAB	TAB	WARN	6	196	8317
00430-3020-17	DOVONEX 0.005%	CRE	GM	WARN	6	240	8317
00430-6201-40	FEMRING 0.05/24H	MIS	RNG	WARN	6	4	8317
00430-6202-40	FEMRING 0.1MG/24	MIS	RNG	WARN	6	1	8317
00456-0459-01	ARMOUR THYRO 60MG	TAB	TAB	FORE	6	840	8317
00456-0670-99	AEROBID-M 250MCG	AER	GM	FORE	6	56	8317
00456-1402-30	BYSTOLIC 2.5MG TAB	FOR		EST	6	21	8317
00456-1405-30	BYSTOLIC 5MG FRS				6	120	8317
00456-2010-01	LEXAPRO 10MG TAB		TAB	FORE	6	764	8317
00456-2020-01	LEXAPRO 20MG	TAB	TAB	FORE	6	1816	8317
00456-3200-14	NAMENDA 5-10MG	TAB	TAB	FORE	6	49	8317
00456-3205-60	NAMENDA 5MG	TAB	TAB	FORE	6	330	8317
00456-3210-60	NAMENDA 10MG	TAB	TAB	FORE	6	2070	8317
00456-3330-63	CAMPRAL 333MG	TAB	TAB	FORE	6	180	8317
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00462-0277-40	CLINDAMAX 2%	CRE	GM	PHAR	6	40	8317
00469-0607-73	PROGRAF 0.5MG AST				6	210	8317
00469-5201-60	PROTOPIC 0.03%	OIN	GM	ASTE	6	60	8317
00469-5202-60	PROTOPIC 0.1%	OIN	GM	ASTE	6	120	8317
00472-0082-16	ACYCLOVIR 200/5 ML	SUS	ML	ACTA	6	280	8317
00472-0382-15	AUG BETAMET 0.05%	OIN	GM	ACTA	6	30	8317
00472-0383-16	RANITIDINE 75 MG/5M	SYN	ML	ACTA	6	255	8317
00472-0825-16	ALBUTEROL/PROMETH 1:		1		6	180	8317
00472-1270-16	IBUPROFEN 100/5 ML	SUS	ML	ACTA	8	2160	8317
00472-5242-67	PERMETHRIN 1%	LOT	ML	ACTA	8	300	8317
00482-4001-30	FLORA-Q 2	CAP	CAP	KENW	8	30	8317
00486-1111-01	K-PHOS	TAB	TAB	BEAC	6	8	8317
00487-9301-33	SODIUM CHL INH 0.9%	3ML		VIA	8	90	8317
00517-0032-25	CYANOCOBALAM 1000MCG	IN	ML	J AME	6	180	8317
00517-0130-05	CYANOCOBALAM 1000MC	INJ	ML	AMER	6	60	8317
00527-1301-01	PRIMIDONE 50MG	TAB	TAB	LANN	6	300	8317
00527-1310-01	PHENTERMINE 30MG CAP	SUL		E LAN	4	30	8317
00527-1312-01	BUT/ASA/CAF/ COD 30	CAP	CAP	LANN	3	90	8317
00527-1345-01	LEVOTHYROXIN 100MCG	TAB	TAB	LANN	6	30	8317
00527-1760-30	OB-NATAL ONE CAPSULE	LA		NN	6	150	8317
00536-3000-94	EAR WAX DROP 6.5% OT	SO	ML	L RUG	8	15	8317
00536-3086-41	ASPIRIN 81MG EC	TAB	TAB	RUGB	8	540	8317
00536-5894-88	NICOTINE PATCH 7MG W	AT			8	14	8317
00536-5895-88	NICOTINE TRANS 14MG/	HR		RUG	8	14	8317
00536-5896-88	NICOTINE TRANS 21MG	WAT			6	14	8317
00555-0033-02	CHLORDIAZEP 10MG	CA	CAP	P BAR	4	120	8317
00555-0211-10	NORETHIN ACE 5MG	TAB	TAB	TEVA	6	50	8317
00555-0301-02	METHYLPRED 4MG	TAB	TAB	BARR	6	21	8317
00555-0301-38	METHYLPRED 4MG	PAK	TAB	TEVA	6	1281	8317
00555-0572-02	METHOTREXATE 2.5MG	TAB	TAB	TEVA	6	1026	8317
00555-0572-35	METHOTREXATE 2.5MG	TAB	TAB	TEVA	6	80	8317
00555-0585-02	CHLORZOXAZON 500MG	TAB	TAB	BARR	6	90	8317
00555-0658-02	OXYCOD/APAP 5-500MG*	CAP	CAP	*BARR	2	120	8317
00555-0715-58	CAMILA 0.35MG	TAB	TAB	TEVA	6	28	8317
00555-0720-54	ALENDRONATE 70MG	TAB		TEVA	6	8	8317
00555-0788-02	AMPHETAMINE SALT ER	20M		G BAR	2	150	8317
00555-0789-02	AMPHETAMINE SALT ER	30M		G BAR	2	60	8317
00555-0877-02	FLUOXETINE 20MG	CAP	CAP	BARR	6	60	8317
00555-0886-02	ESTRADIOL 1MG	TAB	TAB	TEVA	6	510	8317
00555-0887-02	ESTRADIOL 2MG	TAB	TAB	TEVA	6	540	8317

00555-0902-01	NALTREXONE 50MG	TAB	TAB	TEVA	6	195	8317
00555-0904-01	TAMOXIFEN 20MG	TAB	TAB	BARR	6	30	8317
00555-0952-02	DEXTROAMPHET 5MG	TAB	TAB	BARR	2	90	8317
00555-0955-02	DEXTROAMPHET 10MG E	CAP	CAP	BARR	2	60	8317
00555-0956-02	DEXTROAMPHET 15MG E	CAP	CAP	TEVA	2	240	8317
00555-9009-42	NORTREL (21) 1/35	TAB	TAB	TEVA	6	273	8317
00555-9016-58	SPRINTEC 28 28 DAY	TAB	TAB	TEVA	6	504	8317
00555-9018-58	TRI-SPRINTEC	TAB	TAB	TEVA	6	252	8317
00555-9020-58	PORTIA-28	TAB	TAB	TEVA	6	196	8317
00555-9032-70	TRI-LEGEST FE	TAB		TEVA	6	140	8317
00555-9034-58	BALZIVA	TAB	TAB	TEVA	6	112	8317
00555-9043-58	APRI	TAB	TAB	TEVA	6	672	8317
00555-9049-58	CRYSSELLE-28 28 TABS	TAB	TAB	TEVA	6	392	8317
00555-9050-58	KARIVA 28 DAY	TAB	TAB	TEVA	6	364	8317
00555-9064-58	KELNOR 1/35	TAB	TAB	TEVA	6	140	8317
00555-9123-66	JOLESSA	TAB	TAB	TEVA	6	273	8317
00555-9131-67	OCELLA 3-0.03MG	TAB		TEVA	6	364	8317
00573-2660-12	ALAVERT ALLE SINUS	TAB	TAB	WYET	8	384	8317
00573-2660-24	ALAVERT ALLE SINUS	TAB	TAB	WYET	6	60	8317
00574-0072-16	PROPYLENE GLYCOL 50%	SO	ML	LN	8	960	8317
00574-0412-02	POLYETH GLYC 3350 N	POW	GM	PADD	6	510	8317
00574-0412-05	POLYETH GLYC 3350 N	POW	GM	PADD	6	1054	8317
00574-2008-30	NYSTOP 100000	POW	GM	PADD	6	540	8317
00574-7234-12	PHENADOZ 25MG	SUP	SU	PADD	6	76	8317
00574-7236-12	PHENADOZ 12.5MG	SUP	SUP	PADD	6	10	8317
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00591-0335-01	ACYCLOVIR 400MG	TAB	TAB	WATS	6	141	8317
00591-0336-01	ACYCLOVIR 800MG	TAB	TAB	WATS	6	257	8317
00591-0338-01	DICLOFENAC 50MG DR	TAB	TAB	WATS	6	270	8317
00591-0339-01	DICLOFENAC 75MG DR	TAB	TAB	WATS	6	1422	8317
00591-0339-60	DICLOFENAC 75MG DR	TAB	TAB	WATS	6	1200	8317
00591-0343-01	VERAPAMIL 80MG	TAB	TAB	WATS	6	360	8317
00591-0343-10	VERAPAMIL 80MG	TAB	TAB	WATS	6	60	8317
00591-0349-01	HYDROCO/APAP 5-500M	TAB	TAB	WATS	3	8043	8317
00591-0349-05	HYDROCO/APAP 5-500M	TAB	TAB	WATS	3	5593	8317
00591-0364-01	CLOAZ DIPOT 7.5MG	TAB	TAB	WATS	4	30	8317
00591-0385-01	HYDROCO/APAP 7.5-500	TB	TAB	WATS	3	13900	8317
00591-0385-05	HYDROCO/APAP 7.5-500	TB	TAB	WATS	3	5852	8317
00591-0387-05	HYDROCO/APAP 7.5-75	TAB	TAB	WATS	3	90	8317
00591-0460-01	GLIPIZIDE 5MG	TAB	TAB	WATS	6	806	8317
00591-0460-05	GLIPIZIDE 5MG	TAB	TAB	WATS	6	420	8317
00591-0461-01	GLIPIZIDE 10MG	TAB	TAB	WATS	6	840	8317
00591-0502-01	HYDROCO/APAP 7.5-65	TAB	TAB	WATS	3	164	8317
00591-0502-05	HYDROCO/APAP 7.5-65	TAB	TAB	WATS	3	120	8317
00591-0503-01	HYDROCO/APAP 10-650	TAB	TAB	WATS	3	4961	8317
00591-0503-05	HYDROCO/APAP 10-650	TAB	TAB	WATS	3	1708	8317
00591-0540-01	HYDROCO/APAP 10-500	TAB	TAB	WATS	3	22326	8317
00591-0540-05	HYDROCO/APAP 10-500	TAB	TAB	WATS	3	12885	8317
00591-0658-01	BUSPIRONE 10MG	TAB	TAB	WATS	6	780	8317
00591-0676-01	DICLOFENAC 100MG ER	TAB	TAB	WATS	6	330	8317
00591-0698-01	HYDROXYCHLOR 200MG	TAB	TAB	WATS	6	1350	8317
00591-0780-01	SUCRALFATE 1GM	TAB	TAB	WATS	6	690	8317
00591-0794-01	DICYCLOMINE 10MG	CAP	CAP	WATS	6	1504	8317
00591-0795-01	DICYCLOMINE 20MG	TAB	TAB	WATS	6	1315	8317
00591-0825-01	OXYCOD/APAP 10-650	TAB	TAB	WATS	2	3875	8317
00591-0844-01	GLIPIZIDE ER 5MG	TAB	TAB	WATS	6	795	8317
00591-0844-15	GLIPIZIDE ER 5 MG	TAB	TAB	WATS	6	371	8317
00591-0845-01	GLIPIZIDE ER 10MG	TAB	TAB	WATS	6	1680	8317
00591-0845-15	GLIPIZIDE ER 10 MG	TAB	TAB	WATS	6	540	8317

00591-0853-01	HYDROCO/APAP 10-325	TAB	TAB	WATS	3	2190	8317
00591-0853-05	HYDROCO/APAP 10-325	TAB	TAB	WATS	3	2230	8317
00591-2228-01	METOCLOPRAMIDE 5 MG	WAT		SON	6	634	8317
00591-2229-05	METOCLOPRAMIDE 10MG	TAB		S WAT	6	1340	8317
00591-2692-01	ACYCLOVIR 200MG	CAP	CAP	WATS	6	25	8317
00591-3196-89	TERCONAZOLE 0.4%	CRE	GM	WATS	6	90	8317
00591-3197-52	TERCONAZOLE 0.8%	CRE	GM	WATS	6	40	8317
00591-3202-01	HYDROCO/APAP 5-325M	TAB	TAB	WATS	3	80	8317
00591-3203-01	HYDROCO/APAP 7.5-32	TAB	TAB	WATS	3	740	8317
00591-3220-01	BUT/APAP/CAF CODEIN	CAP	CAP	WATS	3	360	8317
00591-3331-30	BUPROPION XL 150MG W	ATS		ON	6	210	8317
00591-3467-53	ALBUTEROL S04 .63/3M	L W		ATS	6	150	8317
00591-5216-01	FOLIC ACID 1MG	TAB	TAB	WATS	6	2730	8317
00591-5216-10	FOLIC ACID 1MG	TAB	TAB	WATS	6	580	8317
00591-5321-01	PRIMIDONE 250MG	TAB	TAB	WAT	6	1260	8317
00591-5513-01	CARISOPRODOL 350MG	TAB	TAB	WATS	4	720	8317
00591-5543-01	ALLOPURINOL 100MG	TAB	TAB	WATS	6	870	8317
00591-5543-10	ALLOPURINOL 100MG#	TA	TAB	B WAT	6	480	8317
00591-5544-01	ALLOPURINOL 300MG	TA	TAB	B WAT	6	667	8317
00591-5544-05	ALLOPURINOL 300MG#	TA	TAB	B WAT	6	150	8317
00591-5619-01	DIAZEPAM 5MG	TAB	TAB	WATS	4	1740	8317
00591-5619-05	DIAZEPAM 5MG	TAB	TAB	WATS	4	555	8317
00591-5620-01	DIAZEPAM 10MG	TAB	TAB	WATS	4	7573	8317
00591-5620-05	DIAZEPAM 10MG	TAB	TAB	WATS	4	3612	8317
00591-5621-01	DIAZEPAM 2MG TAB WA	TSO	TAB	N	4	1170	8317
00591-5658-01	CYCLOBENZAPR 10MG*	TAB	TAB	WATS	6	45	8317
00591-5660-01	SULINDAC 200MG	TAB	TAB	WATS	6	240	8317
00591-5694-01	MINOCYCLINE 50MG	CA	CAP	P WAT	6	180	8317
00591-5695-50	MINOCYCLINE 100MG	CAP	CAP	WATS	6	808	8317
00591-5787-01	NORTRIPTYLIN 25MG#	CAP	CAP	WATS	6	90	8317
00591-5788-01	NORTRIPTYLIN 50MG#	CAP	CAP	WATS	6	60	8317
00597-0013-14	COMBIVENT	AER	GM	BOEH	6	480	8317
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00597-0032-34	CATAPRES-TTS 0.2/24	DIS	PAT	BOEH	6	20	8317
00597-0033-34	CATAPRES-TTS 0.3/24H	RDI	PAT	S BOE	6	12	8317
00597-0040-37	MICARDIS 40 MG	TAB	TAB	BOEH	6	180	8317
00597-0041-37	MICARDIS 80 MG	TAB	TAB	BOEH	6	60	8317
00597-0044-37	MICARDIS HCT 80/12.5	TA	TAB	B BOE	6	120	8317
00597-0058-01	FLOMAX 0.4 MG	CAP	CAP	BOEH	6	1535	8317
00597-0075-41	SPIRIVA HANDHLR	CAP	EA	BOEH	6	3360	8317
00597-0087-17	ATROVENT HFA 17MCG	AER	GM	BOEH	6	260	8317
00597-0184-90	MIRAPEX 0.25 MG	TAB	TAB	BOEH	6	210	8317
00603-1020-58	APAP/CODEINE 120-12	SOL	ML	QUAL	5	270	8317
00603-1075-54	CHERATUSSIN AC	SY	ML	P QUA	5	440	8317
00603-1075-56	CHERATUSSIN AC	SYP	ML	QUAL	5	440	8317
00603-1075-58	CHERATUSSIN AC	SY	ML	P QUA	5	1820	8317
00603-1295-58	HYDROCODONE/ APAP	SOL	ML	QUAL	3	1080	8317
00603-1378-59	LACTULOSE 10GM/15	SOL	ML	QUAL	6	3784	8317
00603-1481-58	NYSTATIN 100000	SUS	ML	QUAL	6	2160	8317
00603-1508-58	PHENOBARB 20MG/5ML	ELX	ML	QUAL	4	11700	8317
00603-1532-58	POT CHLORIDE 10%	LIQ	ML	QUAL	6	11910	8317
00603-2216-21	AMITRIPTYLIN 100MG	TAB	TAB	QUAL	6	60	8317
00603-2540-21	BUTAL/APAP 50-325	TAB	TAB	QUAL	6	705	8317
00603-3481-19	DOXYCYCL HYC 100MG	CAP	CAP	QUAL	6	20	8317
00603-3714-32	FOLIC ACID 1MG	TAB	TAB	QUAL	6	360	8317
00603-4018-21	IBUPROFEN 400MG	TAB	TAB	QUAL	6	270	8317
00603-4975-21	OXYBUTYNIN 5MG	TAB	TAB	QUAL	6	1200	8317
00603-4998-21	OXYCOD/APAP 5-325MG	TA	TAB	B QUA	2	240	8317
00603-4998-28	OXYCOD/APAP 5-325MG	TA	TAB	B QUA	2	250	8317



00603-5141-21	PHENAZOPYRID 100MG	TAB	TAB	QUAL	6	32	8317
00603-5166-21	PHENOBARB 32.4MG	TAB	TAB	QUAL	4	405	8317
00603-5167-32	PHENOBARB 64.8MG (1G	R)	TAB	TB QU	4	660	8317
00603-5466-21	PROPO-N/APAP 100-650	TA	TAB	B QUA	4	60	8317
00603-5468-32	PROPO-N/APAP 100-650	TA	TAB	B QUA	4	1140	8317
00603-5764-21	SPIRONOLACT 50 MG	TAB	TAB	QUAL	6	180	8317
00603-5781-21	SMZ/TMP DS 800-160	TAB	TAB	QUAL	6	76	8317
00603-5781-28	SMZ/TMP DS 800-160	TAB	TAB	QUAL	6	847	8317
00603-6052-32	THYROID 60MG	TAB	TAB	QUAL	6	60	8317
00603-7020-73	A/B OTIC	SOL	ML	QUAL	6	135	8317
00703-7021-03	HALOPER DEC 100MG/M	INJ	ML	SICO	6	2	8317
00713-0503-12	ANUCORT-HC 25MG	SUP	SU	G&W	6	162	8317
00713-0503-24	ANUCORT-HC 25MG	SUP	SU	G&W	6	35	8317
00766-7845-08	NICORETTE ST 2 MG	GUM	GUM	GLAX	8	110	8317
00777-3105-02	PROZAC 20MG	CAP	CAP	DIST	6	60	8317
00777-3105-30	PROZAC 20MG	CAP	CAP	DIST	6	480	8317
00781-1061-01	ALPRAZOLAM 0.25MG	TAB	TAB	SAND	4	3505	8317
00781-1061-05	ALPRAZOLAM 0.25MG	TAB	TAB	SAND	4	540	8317
00781-1077-01	ALPRAZOLAM 0.5MG	TAB	TAB	SAND	4	8405	8317
00781-1077-05	ALPRAZOLAM 0.5MG	TAB	TAB	SAND	4	870	8317
00781-1078-01	ATENOLOL 25MG	TAB	TAB	SAND	6	1560	8317
00781-1078-10	ATENOLOL 25MG	TAB	TAB	SAND	6	180	8317
00781-1079-01	ALPRAZOLAM 1MG	TAB	TAB	SAND	4	9292	8317
00781-1079-05	ALPRAZOLAM 1MG	TAB	TAB	SAND	4	3693	8317
00781-1089-01	ALPRAZOLAM 2MG	TAB	TAB	SAND	4	5115	8317
00781-1089-05	ALPRAZOLAM 2MG	TAB	TAB	SAND	4	120	8317
00781-1146-01	GLYBURIDE 1MG/ML				6	630	8317
00781-1191-01	GLYBURIDE 5MG	TAB	TAB	SAND	6	2010	8317
00781-1218-01	DIVALPROEX 250MG DR	TAB		SAND	6	276	8317
00781-1219-01	DIVALPROEX 500MG DR	TAB		SAND	6	819	8317
00781-1223-10	METOPROLOL TART 50MG	TA	TAB	B SAN	6	6765	8317
00781-1228-01	METOPROLOL 100MG	TAB	TAB	SAND	6	630	8317
00781-1403-01	LORAZEPAM 0.5MG	TAB	TAB	SAND	4	1506	8317
00781-1404-01	LORAZEPAM 1MG	TAB	TAB	SAND	4	300	8317
00781-1405-01	LORAZEPAM 2MG	TAB	TAB	SAND	4	630	8317
00781-1446-01	FUROSEMIDE 80MG	TAB	TAB	SAND	6	480	8317
00781-1486-01	AMITRIPTYLIN 10MG	TAB	TAB	SAND	6	1305	8317
00781-1487-01	AMITRIPTYLIN 25MG	TAB	TAB	SAND	6	1320	8317
00781-1488-01	AMITRIPTYLIN 50MG	TAB	TAB	SAND	6	780	8317
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00781-1489-01	AMITRIPTYLIN 75MG	TAB	TAB	SAND	6	15	8317
00781-1490-01	AMITRIPTYLIN 100MG	TAB	TAB	SAND	6	960	8317
00781-1491-01	AMITRIPTYLIN 150MG	TAB	TAB	SAND	6	60	8317
00781-1496-68	AZITHROMYCIN 250MG T	AB	TAB	SAND	6	880	8317
00781-1506-01	ATENOLOL 50MG	TAB	TAB	SAND	6	1980	8317
00781-1506-10	ATENOLOL 50MG	TAB	TAB	SAND	6	360	8317
00781-1507-01	ATENOLOL 100MG	TAB	TAB	SAND	6	390	8317
00781-1516-01	POT CHLORIDE 8MEQ SR	TA	TAB	B SAN	6	540	8317
00781-1526-01	POT CHLORIDE 10MEQ	TAB	TAB	SAND	6	2880	8317
00781-1526-10	POT CHLORIDE 10MEQ	TAB	TAB	SAND	6	824	8317
00781-1655-01	PENICILLN VK 500MG	TAB	TAB	SAND	6	1016	8317
00781-1695-01	ISOSORB DIN 20MG	TAB	TAB	SAND	6	540	8317
00781-1695-10	ISOSORB DIN 20MG	TAB	TAB	SAND	6	180	8317
00781-1718-01	CHLORPROMAZ 100MG	TAB	TAB	SAND	6	750	8317
00781-1818-01	FUROSEMIDE 20MG	TAB	TAB	SAND	6	2241	8317
00781-1818-10	FUROSEMIDE 20MG	TAB	TAB	SAND	6	720	8317
00781-1830-01	PROMETHAZINE 25MG	TAB	TAB	SAND	6	12	8317
00781-1941-33	AZITHROMYCIN 500MG	TAB	TAB	SAND	6	35	8317
00781-1962-60	CLARITHROMYC 500 MG	TAB	TAB	SAND	6	420	8317

00781-1966-01	FUROSEMIDE 40MG	TAB	TAB	SAND	6	2220	8317
00781-1966-10	FUROSEMIDE 40MG	TAB	TAB	SAND	6	2469	8317
00781-2020-01	AMOXICILLIN CAPS 250	MG	CAP	SAN	6	90	8317
00781-2020-31	AMOXICILLIN 250MG	CAP	CAP	SAND	6	30	8317
00781-2074-01	TRIAM/HCTZ 37.5-25	CAP	CAP	SAND	6	720	8317
00781-2112-01	CLINDAMYCIN 150MG	CAP	CAP	SAND	6	2353	8317
00781-2613-05	AMOXICILLIN 500MG CA	P	CAP	SAND	6	1878	8317
00781-2613-76	AMOXICILLIN 500MG	CAP	CAP	SAND	6	55	8317
00781-3073-70	TESTOST CYP 100 MG/	INJ	ML	SAND	3	10	8317
00781-3074-70	TESTOST CYP 200 MG/	INJ	ML	SAND	3	10	8317
00781-5017-01	DICLOFEN POT 50MG	TAB	TAB	SAND	6	510	8317
00781-5021-01	PROCHLORPER 10MG	TAB	TAB	SAND	6	160	8317
00781-5056-31	LEFLUNOMIDE 10MG	TAB	TAB	SAND	6	180	8317
00781-5061-01	AMOXICILLIN 875 MG	TAB	TAB	SAND	6	102	8317
00781-5061-20	AMOXICILLIN 875 MG	TAB	TAB	SAND	6	40	8317
00781-5077-01	LORATADINE 10MG	TAB	TAB	SAND	8	1605	8317
00781-5182-01	LEVOTHYROXIN 75MCG	TAB	TAB	SAND	6	60	8317
00781-5184-01	LEVOTHYROXIN 100MCG	TAB	TAB	SAND	6	1774	8317
00781-5186-01	LEVOTHYROXIN 125MCG	TAB	TAB	SAND	6	30	8317
00781-5188-01	LEVOTHYROXIN 175MCG	TAB	TAB	SAND	6	360	8317
00781-5189-01	LEVOTHYROXIN 200MCG	TAB	TAB	SAND	6	780	8317
00781-5191-01	LEVOTHYROXIN 137MCG	TAB	TAB	SAND	6	360	8317
00781-5284-64	CETIRIZINE 10MG CHEW	SA		ND	6	30	8317
00781-5710-01	POT CL MICRO 10MEQ	TAB		SAND	6	450	8317
00781-5720-05	POT CL MICRO 20MEQ	TAB		SAND	6	3120	8317
00781-5754-01	METHYLPHENID 20 MG S	R T	TAB	B SAN	2	210	8317
00781-6141-16	LEVETIRACETAM 100MG/	ML		SAN	6	1320	8317
00781-7077-87	METRONIDAZOL 0.75%V	GEL	GM	SAND	6	140	8317
00781-7078-19	METRONIDAZOL 0.75%	GEL	GM	SAND	6	45	8317
00781-7111-55	FENTANYL 25MCG/HR	DIS	PAT	SAND	2	75	8317
00781-7112-55	FENTANYL 50MCG/HR DI	S	PAT	SAND	2	215	8317
00781-7113-55	FENTANYL 75MCG/HR	DIS	PAT	SAND	2	120	8317
00781-7114-55	FENTANYL 100MCG/HR D	IS	PAT	SAND	2	10	8317
00832-1024-00	BACLOFEN 10MG	TAB	TAB	UPSH	6	2245	8317
00832-1025-00	BACLOFEN 20MG	TAB	TAB	UPSH	6	270	8317
00832-1025-50	BACLOFEN 20MG	TAB	TAB	UPSH	6	195	8317
00832-1081-00	BENZTROPINE MES 1MG	UPS		HER	6	210	8317
00832-1081-10	BENZTROPINE 1MG	TAB	TAB	UPSH	6	240	8317
00832-1082-10	BENZTROPINE 2MG	TAB	TAB	UPSH	6	120	8317
00838-0037-24	HOLL 3724 CNTR PNTLC	K			8	30	8317
00838-0380-41	HOLL 3804 CNTR PNTLC	K			8	10	8317
00904-2011-59	ASPIRIN 325 MG E	TAB	TAB	MAJO	8	150	8317
00904-2013-60	ASPIRIN 325MG EC	TAB	TAB	MAJO	8	240	8317
00904-2725-40	SMZ/TMP DS 800-160	TAB	TAB	MAJO	6	330	8317
00904-2725-60	SMZ/TMP DS 800-160	TAB	TAB	MAJO	6	66	8317
00904-2725-61	SMZ/TMP DS 800-160	TAB	TAB	MAJO	6	40	8317
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00904-4040-73	ASPIRIN 81MG	CHW	TAB	MAJO	8	30	8317
01986-9531-22	KNEE SUPPORT NEO MED	BL		UEFLA	8	1	8317
02360-1232-00	CRUTCHES ALUM		EA		8	1	8317
04329-2600-80	GLUCOSAMINE 500MG		CAP		8	360	8317
07610-8121-23	CALCIUM 600 W/D	B	TAB	ASIC	8	180	8317
08290-3095-81	3ML LL SYRNG 25GX1"	MIS	SYN	BD C	8	15	8317
08290-3201-09	BD UF SHORT 31GX5/1	MIS	NDL	BD C	8	2600	8317
08290-3201-19	PEN NEEDLES 31GX3/1	MIS	NDL	BD C	8	1000	8317
08290-3284-11	INSULIN SYRG 1 ML/3	MIS	SYN	BD C	8	640	8317
08290-3284-18	INSULIN SYRG 1 ML/3	MIS		BD C	8	2330	8317
08290-3284-31	INSULIN SYRG 0.3/30	MIS	SYN	BD C	8	190	8317
08290-3284-66	INSULIN SYRG 0.5/30	MIS	SYN	BD C	8	1710	8317

08290-3284-68	INSULIN SYRG 0.5/31	MIS	SYN	BD C	8	500	8317
08290-8411-01	INSULIN SYRG 1 ML/3	MIS	SYN	BD C	8	10	8317
08290-8418-01	INSULIN SYRG 1 ML/3	MIS	SYN	BD C	8	10	8317
08290-8468-01	INSULIN SYRG 0.5/31	MIS	SYN	BD C	8	30	8317
08373-0800-10	OPTICHAMBER ADVANTA	MIS	INH	RESP	8	2	8317
10019-0553-01	TRANSDERM-SC 1.5MG	DIS	PAT	BAXT	6	49	8317
10019-0553-88	TRANSDERM-SC 1.5MG/	PAT	PAT	BAXT	6	20	8317
10122-0650-60	ALLERX 30 DAY DOSE P	AK		CORN	6	20	8317
10122-0802-20	SPECTRACEF 400MG TAB				6	40	8317
10337-0803-01	SOLARAZE 3% W/W	GEL	GM	DOAK	6	100	8317
10702-0025-01	PHENTERMINE 37.5MG T	AB		KVK	4	1305	8317
10914-0910-16	BROM T/DM T/ PSE T	SUS	ML	BRIG	6	120	8317
10914-0950-01	PSE/CPM 100-12 M	CAP	CAP	BRIG	6	120	8317
10922-0825-02	FINACEA 15%	GEL	GM	INTE	6	50	8317
11523-7234-03	MIRALAX 8.3OZ OTC				8	476	8317
11528-0020-01	COVARYX HS	TAB	TAB	CENT	6	300	8317
13279-0104-60	ALLANDERM-T	OIN	GM	ALLA	6	60	8317
13548-0010-17	SALEX CRM 6% KIT				6	2	8317
13548-0012-06	SALEX 6%	SHA	ML	VALE	6	177	8317
14629-0202-01	EXTENDRYL DM	TAB	TAB	AURI	6	60	8317
16252-0572-01	RAMIPRIL 5MG CAPS C	OBA		LT	6	345	8317
16252-0573-01	RAMIPRIL 10MG CAP	C		OBALT	6	510	8317
16252-0611-01	MOEXIPRIL 15MG TAB C	OB			6	300	8317
17314-5850-02	CONCERTA 18MG	TAB	TAB	MCNE	2	72	8317
17314-5851-02	CONCERTA 36MG	TAB	TAB	MCNE	2	150	8317
17314-5852-02	CONCERTA 54MG	TAB	TAB	MCNE	2	120	8317
17314-5853-02	CONCERTA 27MG	TAB	TAB	MCNE	2	30	8317
17478-0284-35	GENTAK 0.3% OP	OIN	GM	AKOR	6	8	8317
24090-0471-88	INDERAL LA 80 MG	CAP	CAP	AKRI	6	150	8317
24208-0299-05	LOTEMAX 0.5%	SUS	ML	BSCH	6	5	8317
24208-0315-10	TRIMETHOPRIM POLYMYX	NSO	ML	L BSC	6	30	8317
24208-0344-25	FLUNISOLIDE 0.025%	SPR	ML	BAUS	6	25	8317
24208-0411-05	BRIMONIDINE 0.2% OP	SOL	ML	BAUS	6	10	8317
24208-0580-60	GENTAMICIN 0.3% OP	SOL	ML	BAUS	6	5	8317
24208-0635-62	NEO/POLY/HC 1% OTIC	SUS	ML	BAUS	6	100	8317
24208-0670-04	SOD SULFACET 10% OP	SOL	ML	BSCH	6	15	8317
24208-0750-06	ATROPINE SUL 1% OP	SOL	ML	BSCH	6	45	8317
24208-0795-35	NEO/POLY/DEX 0.1% O	OIN	GM	BAUS	6	8	8317
24385-0107-53	BISACODYL SUPP 10MG				8	12	8317
24385-0125-76	GNP FIBER-CAPS 625MG	9		OCT	8	720	8317
24385-0139-78	ESSENT ONE DAY	TAB	TAB	BERG	8	100	8317
24385-0175-65	CETIRIZINE 10MG GNP				6	434	8317
24385-0175-74	CETIRIZINE 10MG TAB	GNP			8	14	8317
24385-0205-03	CLOTRIMAZOLE ANTIFN	CRE	GM	BERG	8	60	8317
24385-0274-03	HYDROCORTISONE CR 1%	BR	GM	ITE	8	29	8317
24385-0310-26	TUSSIN COUGH				8	240	8317
24385-0364-68	ADULT ASA 81MG	CHW	TAB	BERG	8	405	8317
24385-0372-26	IBUPROFEN 100/5ML	SUS	ML	BERG	8	360	8317
24385-0437-71	GNP PAIN RELIEVER PM	50		0/25	8	350	8317
24385-0505-72	SENNA PLUS 8.6-50M	TAB	TAB	BERG	8	1260	8317
24385-0524-03	GNP TERBINAFINE 1% C	R			8	30	8317
24385-0531-26	ALLERGY RELI 5MG/5M	SYR	ML	BERG	8	350	8317
24385-0629-78	ACETAMIN ER 650MG	TAB		GOOD	8	700	8317
□							
24385-0905-26	GNP IBUPROFE 100/5M	SUS	ML	GOOD	8	960	8317
24486-0601-10	HYOMAX-SL .125MG ARI	S			6	100	8317
24658-0140-30	CITALOPRAM 10 MG	TAB	TAB	BLUP	6	68	8317
28105-0149-04	DERMA-SMOOTH/FS OIL				6	238	8317
28105-0160-20	DERMOTIC 0.01%	OIL	ML	HILL	6	20	8317

29033-0001-01	THEOPHYLLINE 400 MG	TAB	TAB	NOST	6	420	8317
29336-0610-24	ALDARA 5% CR GRACEWA	Y			6	24	8317
29336-0815-21	MAXAIR AUTOHALER 200	MCG	GM	GRAC	6	14	8317
30761-0093-20	VITAMIN C 250MG BASI	C 1		00 TB	8	100	8317
31357-0040-25	AZASITE 1%	SOL	ML	INSP	6	6	8317
37000-0455-03	PRILOSEC OTC 20 MG	TAB	TAB	P&GH	8	140	8317
38396-0342-64	GNP LANCETS STANDARD	MI	EA	SCANA	8	1400	8317
38396-0343-64	GNP LANCETS	MIS	EA	CANA	8	100	8317
38396-0344-64	GNP LANCETS THIN	MIS	EA	CANA	8	2000	8317
38396-0451-64	INSULIN SYRG 1ML/31	MIS	SYN	CANA	8	30	8317
45802-0004-03	HYDROCORT 2.5%	CRE	GM	PERR	6	112	8317
45802-0048-11	NYSTATIN 100000	OIN	GM	PERR	6	90	8317
45802-0048-35	NYSTATIN 100000	OIN	GM	PERR	6	75	8317
45802-0049-35	TRIAMCINOLON 0.5%	OIN	GM	PERR	6	30	8317
45802-0054-35	TRIAMCINOLON 0.025%	OIN	GM	PERR	6	15	8317
45802-0055-35	TRIAMCINOLON 0.1%	OIN	GM	PERR	6	30	8317
45802-0059-11	NYSTATIN 100000	CRE	GM	PERR	6	660	8317
45802-0059-35	NYSTATIN 100000	CRE	GM	PERR	6	135	8317
45802-0064-05	TRIAMCINOLONE 0.1%	CRM	GM	CLAY	6	454	8317
45802-0064-35	TRIAMCINOLON 0.1%	CRE	GM	PERR	6	165	8317
45802-0064-36	TRIAMCINOLON 0.1%	CRE	GM	PERR	6	320	8317
45802-0065-35	TRIAMCINOLON 0.5%	CRE	GM	PERR	6	45	8317
45802-0112-22	MUPIROCIN 2%	OIN	GM	CLAY	6	308	8317
45802-0183-02	TRETINOIN 0.1%	CRE	GM	PERR	6	40	8317
45802-0221-11	FLUTICASONE 0.005%	OIN	GM	PERR	6	30	8317
45802-0257-35	MOMETASONE 0.1%	CRE	GM	PERR	6	45	8317
45802-0263-37	CLINDAMYCIN 1%	PAD	SWB	PERR	6	240	8317
45802-0269-37	PERMETHRIN 5%	CRE	GM	PERR	6	240	8317
45802-0361-02	TRETINOIN 0.05%	CRE	GM	PERR	6	20	8317
45802-0363-35	TRETINOIN 0.025%	GEL	GM	PERR	6	15	8317
45802-0422-35	DESONIDE 0.05%	CRE	GM	PERR	6	60	8317
45802-0422-37	DESONIDE 0.05%	CRE	GM	PERR	6	60	8317
45802-0465-64	KETOCONAZOLE 2%	SHA	ML	PERR	6	240	8317
45802-0525-55	AMMONIUM LAC 12%	LOT	GM	PERR	6	225	8317
45802-0913-34	BENZOYL PER WASH 5%	PER		R	6	240	8317
45802-0962-72	ERY 2%	PAD	SWB	PERR	6	60	8317
45802-0974-26	CETIRIZINE HCL 1MG/1	ML		PERR	6	665	8317
46287-0006-01	SPS 15GM/60M	SUS	ML	CARO	6	120	8317
46287-0012-16	SOD POLY SUL	POW	GM	CARO	6	1816	8317
49502-0500-02	EPIPEN 2-PAK 0.3 MG	INJ	SYN	DEYL	6	8	8317
49502-0605-61	PERFOROMIST NEB 20MC	G/2		ML DE	6	60	8317
49502-0685-26	IPRATROPIUM INHAL	SOL	ML	DEYL	6	2775	8317
49502-0697-24	ALBUTEROL 0.083%#	NEB	ML	DEY	6	16125	8317
49884-0035-01	MECLIZINE 25MG	TAB	TAB	PAR	6	275	8317
49884-0043-01	CYPROHEPTAD 4MG	TA	TAB	B PAR	6	150	8317
49884-0055-01	IMIPRAMINE HCL 25MG	TA	TAB	B PAR	6	690	8317
49884-0056-01	IMIPRAM HCL 50MG	TA	TAB	B PAR	6	60	8317
49884-0201-28	AMOX/K CLAV 600/5 M	SUS	ML	PAR	6	150	8317
49884-0201-49	AMOX/K CLAV 600/5 M	SUS	ML	PAR	6	500	8317
49884-0201-70	AMOX/K CLAV 600/5 M	SUS	ML	PAR	6	400	8317
49884-0217-01	DOXEPIN HCL 10MG	CA	CAP	P PAR	6	180	8317
49884-0222-03	DOXEPIN HCL 150MG	CA	CAP	P PAR	6	90	8317
49884-0282-01	PROPRANOLOL 60 MG E	CAP	CAP	PAR	6	90	8317
49884-0290-01	MEGESTROL AC 40MG	TAB	TAB	PAR	6	60	8317
49884-0328-01	PROPRANOLOL 80 MG E	CAP	CAP	PAR	6	180	8317
49884-0396-33	RANITIDINE 75 MG/5M	SYN	ML	PAR	6	2400	8317
49884-0404-01	METOPROLOL 25MG ER P	AR	TAB		6	3075	8317
49884-0405-01	METOPROLOL ER 50MG T	AB	TAB	PAR	6	5955	8317
49884-0406-01	METOPROLOL 100MG ER	TAB	TAB	PAR	6	2325	8317

49884-0407-01	METOPROLOL ER 200MG	PAR	TAB		6	570	8317
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49884-0465-65	CHOLESTYRAM 4GM	POW	PAC	PAR	6	60	8317
49884-0545-11	RANITIDINE 300MG	TAB	TAB	PAR	6	30	8317
49884-0600-36	SSD 1%	CRE	GM	PAR	6	100	8317
49884-0600-40	SSD 1%	CRE	GM	PAR	6	1600	8317
49884-0653-01	TORSEMIDE 20MG	TAB	TAB	PAR	6	30	8317
49884-0673-14	CABERGOLINE 0.5 MG	TAB	TAB	PAR	6	12	8317
49884-0686-01	ENALAPR/HCTZ 5-12.5	TAB	TAB	PAR	6	60	8317
49884-0687-01	ENALAPR/HCTZ 10-25M	TAB	TAB	PAR	6	120	8317
49884-0777-01	IBUPROFEN 400MG	TAB	TAB	PAR	6	630	8317
49884-0778-01	IBUPROFEN 600MG	TAB	TAB	PAR	6	240	8317
49884-0778-05	IBUPROFEN 600MG	TAB	TAB	PAR	6	776	8317
49884-0779-01	IBUPROFEN 800MG	TAB	TAB	PAR	6	4898	8317
49884-0779-05	IBUPROFEN 800MG	TAB	TAB	PAR	6	2250	8317
49938-0101-30	DAPSONE 100MG TABLET				6	150	8317
49938-0102-30	DAPSONE 25MG 2X15 TA	B J		AC	6	120	8317
50111-0307-01	HYDROXYZ HCL 10MG	TAB	TAB	TEVA	6	365	8317
50111-0308-01	HYDROXYZ HCL 25MG	TAB	TAB	TEVA	6	1140	8317
50111-0309-01	HYDROXYZ HCL 50MG	TAB	TAB	TEVA	6	390	8317
50111-0327-01	HYDRALAZINE 25MG	TAB	TAB	TEVA	6	630	8317
50111-0328-01	HYDRALAZINE 50MG	TAB	TAB	TEVA	6	90	8317
50111-0333-01	METRONIDAZOL 250MG	TAB	TAB	PLIV	6	21	8317
50111-0334-01	METRONIDAZOL 500MG	TAB	TAB	TEVA	6	342	8317
50111-0398-01	HYDRALAZINE 10MG	TAB	TAB	PLIV	6	90	8317
50111-0430-01	METOCLOPRAM 10MG	TAB	TAB	PLIV	6	1806	8317
50111-0430-02	METOCLOPRAM 10MG	TAB	TAB	PLIV	6	990	8317
50111-0433-01	TRAZODONE 50MG	TAB	TAB	TEVA	6	1755	8317
50111-0434-01	TRAZODONE 100MG	TAB	TAB	TEVA	6	1934	8317
50111-0434-02	TRAZODONE 100MG	TAB	TAB	TEVA	6	240	8317
50111-0434-03	TRAZODONE 100MG	TAB	TAB	PLIV	6	30	8317
50111-0441-01	TRAZODONE 150MG	TAB	TAB	TEVA	6	810	8317
50111-0441-02	TRAZODONE 150MG	TAB	TAB	TEVA	6	30	8317
50111-0456-01	OXYBUTYNIN 5MG	TAB	TAB	PLIV	6	120	8317
50111-0459-01	THEOPHYLLINE 300MG	TAB	TAB	TEVA	6	90	8317
50111-0467-01	PROPRANOLOL 10MG	TAB	TAB	TEVA	6	360	8317
50111-0468-01	PROPRANOLOL 20MG	TAB	TAB	TEVA	6	1230	8317
50111-0469-01	PROPRANOLOL 40MG	TAB	TAB	TEVA	6	30	8317
50111-0482-01	THEOPHYLLINE SR 200	MG	TAB	TEVA	6	960	8317
50111-0517-01	METOCLOPRAM 5MG	TAB	TAB	BARR	6	720	8317
50111-0518-01	THEOPHYLLINE 450MG	TAB	TAB	TEVA	6	120	8317
50111-0647-01	FLUOXETINE 10MG	CAP	CAP	BARR	6	247	8317
50111-0851-01	BENZONATATE 100MG	CAP	CAP	TEVA	6	412	8317
50111-0990-01	VITAMIN D 50000UNT	CAP	CAP	TEVA	6	244	8317
50383-0040-04	PRED SOD PHO 6.7/5M	LIQ	ML	HI-T	6	70	8317
50383-0233-10	DORZAO/TIMOLOL 10ML	HI-		TECH	6	40	8317
50383-0632-50	POLY-VITAMIN /IRON	DRO	ML	HI-T	8	50	8317
50383-0664-03	UREA 40%	CRE	GM	HI-T	6	258	8317
50383-0667-30	LIDO 2.5%/PRILO 2.5%	CR		HI	6	30	8317
50383-0740-16	ALBUTEROL 2MG/5ML	SYP	ML	HI-T	6	200	8317
50383-0775-04	LIDO/DIPHEN/ANTACID/	WAT		ER	6	1730	8317
50383-0779-32	LACTULOSE 10GM/15ML	HIT		ECH	6	16922	8317
50383-0804-16	PROMETH/COD 6.25-10	SYP	ML	HI-T	5	5210	8317
50383-0823-16	SMZ-TMP 200-40/5	SUS	ML	HI-T	6	1990	8317
50419-0402-03	YASMIN 28 3-0.03 M	TAB	TAB	BAYE	6	56	8317
50419-0405-03	YAZ 3-0.02 M	TAB	TAB	BAYE	6	1260	8317
50458-0033-05	DURAGESIC 25MCG/HR	DIS	PAT	JANS	2	30	8317
50458-0034-05	DURAGESIC 50MCG/HR	DIS	PAT	JANS	2	30	8317
50458-0300-06	RISPERDAL 1MG	TAB	TAB	JANS	6	90	8317

50458-0550-01	INVEGA 3 MG	TAB	TAB	JANS	6	366	8317
50458-0551-01	INVEGA 6 MG	TAB	TAB	JANS	6	120	8317
50458-0585-01	CONCERTA 18MG MCNEIL		TAB		2	90	8317
50458-0586-01	CONCERTA 36MG TAB JO	M			2	390	8317
50458-0587-01	CONCERTA 54MG	TAB	TAB	MCNE	2	390	8317
50458-0588-01	CONCERTA 27MG	TAB	TAB	MCNE	2	90	8317
50458-0642-65	TOPAMAX 200MG	TAB	TAB	JANS	6	46	8317
50474-0001-48	KEPPRA 100MG/ML	SOL	ML	UCBP	6	2640	8317
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50474-0595-40	KEPPRA 500MG	TA		B UCB	6	240	8317
50474-0597-66	KEPPRA 1000MG TAB UC	B			6	180	8317
50474-0907-01	LORTAB 7.5	TAB	TAB	UCBP	3	76	8317
50474-0910-01	LORTAB 10	TAB	TAB	UCBP	3	600	8317
50924-0450-01	ACCU-CHEK MLTICLIX	MIS	EA	ROCH	8	102	8317
50924-0988-50	ACCU-CHEK COMPACT	TES	STP	ROCH	8	153	8317
50991-0405-16	POLY HIST PD				6	210	8317
51079-0255-20	METOPROLOL 25MG	TAB	TAB	UDL	6	60	8317
51079-0584-20	NITROFUR MAC 50MG	CAP	CAP	UDL	6	740	8317
51248-0150-01	VESICARE 5MG	TAB	TAB	GLAX	6	240	8317
51248-0151-01	VESICARE TABS 10 MG				6	180	8317
51285-0087-87	SEASONIQUE	TAB	TAB	TEVA	6	182	8317
51285-0442-02	CENESTIN 0.625MG	TAB	TAB	TEVA	6	180	8317
51552-0030-02	TESTOSTERONE PROP 2.	5%		CR	3	12	8317
51552-0738-05	PROGESTERONE 50MG/ML				6	15	8317
51552-1151-04	TESTOSTERONE 4% CREA	M			3	210	8317
51660-0936-04	CETIRIZINE HCL 1MG/M	L S		OL OH	6	225	8317
51672-1253-01	FLUOCINONIDE 0.05%	CRE	GM	TARO	6	30	8317
51672-1258-03	CLOBETASOL 0.05%	CRE	GM	TARO	6	60	8317
51672-1259-03	CLOBETASOL 0.05%	OIN	GM	TARO	6	180	8317
51672-1263-02	NYSTAT/TRIAM	CRE	GM	TARO	6	210	8317
51672-1267-05	TRIAMCIN/ORA 0.1%	PST	GM	TARO	6	15	8317
51672-1270-03	DESOXIMETAS 0.25%	CR	GM	E TAR	6	60	8317
51672-2073-08	LORATADINE 5MG/5ML	SYP	ML	TARO	8	450	8317
51672-2085-08	LORATADINE SYR 5MG/5	ML		TARO	8	240	8317
51672-4005-01	CARBAMAZEPIN 200MG	TAB	TAB	TARO	6	1380	8317
51672-4011-05	CLOMIPRAMINE 25MG	CAP	CAP	TARO	6	30	8317
51672-4016-01	ETODOLAC 200MG CAPS	TAR	CAP	O	6	120	8317
51672-4017-01	ETODOLAC 300MG	CAP	CAP	TARO	6	120	8317
51672-4018-01	ETODOLAC 400MG	TAB	TAB	TARO	6	420	8317
51672-4023-01	ACETAZOLAMID 250MG	TAB	TAB	TARO	6	340	8317
51672-4026-06	KETOCONAZOLE 200MG	TAB	TAB	TARO	6	7	8317
51672-4027-01	WARFARIN 1MG	TAB	TAB	TARO	6	30	8317
51672-4028-01	WARFARIN 2MG	TAB	TAB	TARO	6	976	8317
51672-4029-01	WARFARIN 2.5MG	TAB	TAB	TARO	6	120	8317
51672-4030-07	WARFARIN 3 MG	TAB	TAB	TARO	6	30	8317
51672-4031-01	WARFARIN 4MG	TAB	TAB	TARO	6	450	8317
51672-4032-01	WARFARIN 5MG	TAB	TAB	TARO	6	2446	8317
51672-4034-01	WARFARIN 7.5MG	TAB	TAB	TARO	6	270	8317
51672-4035-01	WARFARIN 10MG	TAB	TAB	TARO	6	450	8317
51672-4036-01	ETODOLAC 500MG	TAB	TAB	TARO	6	300	8317
51672-4045-01	ENALAPR/HCTZ 5-12.5	TAB	TAB	TARO	6	30	8317
51672-4074-06	HYDROCORT BTYR 0.1 C	R T		ARO	6	90	8317
51672-5276-04	OVIDE 0.5% LOT		ML	TARO	6	177	8317
51991-0016-16	DURADRYL	SYP	ML	BREN	6	840	8317
51991-0224-04	COLD COUGH PD	SYP	ML	BREC	5	120	8317
51991-0384-90	FOLBIC	TAB	TAB	BREC	6	390	8317
51991-0457-57	POLYETH GLYC 3350 N	POW	GM	BREC	6	8959	8317
51991-0457-58	POLYETH GLYC 3350 N	POW	GM	BREC	6	2550	8317
51991-0474-28	ESTRADIOL/NORETH 1/0	.5M		G BCK	6	280	8317



51991-0549-16	TRIPLEX AD SYR 480ML	G B		RKRDG	6	240	8317
52152-0159-02	PHENTERMINE 37.5 MG	TAB	TAB	ACTA	4	30	8317
52152-0215-11	OXYCODONE 30 MG	TAB	TAB	ACTA	2	112	8317
52152-0340-02	ORPHENADRINE 100 MG	TAB	TAB	ACTA	6	210	8317
52152-0343-02	DESIPRAMINE 50 MG	TAB	TAB	ACTA	6	360	8317
52152-0500-30	FINASTERIDE 5 MG	TAB	TAB	ACTA	6	180	8317
52268-0100-01	GOLYTELY	SOL	ML	BRAI	6	4000	8317
52268-0522-01	HALFLYTELY AND BISAC	ODY		L TAB	6	3	8317
52544-0245-31	NECON 1/50-28	TAB	TAB	WATS	6	168	8317
52544-0539-01	NORCO 10-325MG	TAB	TAB	WATS	3	120	8317
52544-0920-08	OXYTROL 3.9MG/24	DIS	PAT	WATS	6	16	8317
52544-0967-28	SRONYX (LEVO/E. ESTR)	#2		8 WAT	6	252	8317
53014-0548-67	TUSSIONEX EXT-REL	SUS	ML	UCBP	3	490	8317
53489-0110-01	CARISOPRODOL 350MG	TAB	TAB	MUTU	4	135	8317
53489-0110-05	CARISOPRODOL 350MG	TAB	TAB	MUTU	4	120	8317
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53489-0118-02	DOXYCYCL HYC 50MG	CAP	CAP	MUTU	6	30	8317
53489-0144-01	SPIRONO/HCTZ 25/25	TAB	TAB	MUTU	6	90	8317
53489-0406-01	PHENTERMINE 37.5MG	TAB	TAB	MUTU	4	60	8317
53746-0078-01	ESTROGEN/METHYLTEST		1.2	5/2.5	6	270	8317
53746-0102-01	GABAPENTIN 300MG CAP	AM		NEAL	6	3180	8317
53746-0103-01	GABAPENTIN CAPS 400M	G		AMN	6	360	8317
53746-0190-01	NAPROXEN 500MG	TAB		AMNE	6	14	8317
53746-0272-05	SMZ/TMP DS 800-160	TAB		AMNE	6	20	8317
53885-0000-75	ONE TOUCH ULTRA DME	STR		IPS	8	1450	8317
53885-0244-50	ONE TOUCH ULTRA	TES	STP	LIFE	8	600	8317
53885-0245-10	ONE TOUCH ULTRA	TES	STP	LIFE	8	1700	8317
53885-0374-10	ONE TOUCH	TES	STP	LIFE	8	500	8317
53885-0393-10	ONE TOUCH US LANCET	MIS	EA	LIFE	8	1500	8317
54092-0173-12	CARBATROL 300MG	CAP	CAP	S RI	6	471	8317
54092-0191-12	PENTASA 500MG CR	CAP	CAP	SHIR	6	720	8317
54092-0383-01	ADDERALL XR 10MG	CAP	CAP	SHIR	2	60	8317
54092-0385-01	ADDERALL XR 15MG	CAP	CAP	SHIR	2	270	8317
54092-0387-01	ADDERALL XR 20MG	CAP	CAP	SHIR	2	1050	8317
54092-0389-01	ADDERALL XR 25MG	CAP	CAP	SHIR	2	960	8317
54092-0391-01	ADDERALL XR 30MG	CAP	CAP	SHIR	2	570	8317
54092-0552-30	DAYTRANA 10 MG/9H	DIS	PAT	SHIR	2	60	8317
54092-0553-30	DAYTRANA 15 MG/9H	DIS	PAT	SHIR	2	30	8317
54092-0554-30	DAYTRANA 20 MG/9H	DIS	PAT	SHIR	2	240	8317
54092-0555-30	DAYTRANA 30 MG/9H	DIS	PAT	SHIR	2	60	8317
54569-4672-05	CELEBREX 200MG	CAP	CAP	ALLS	6	58	8317
54838-0508-80	METOCLOPRAM 5 MG/5M	SOL	ML	SILA	6	1470	8317
54868-4356-00	FLOMAX 0.4MG	CAP	CAP	PHYS	6	60	8317
55111-0126-01	CIPROFLOXACN 250MG	TAB	TAB	DR.R	6	112	8317
55111-0127-01	CIPROFLOXACI 500MG	TAB	TAB	DR.R	6	954	8317
55111-0149-01	FLUOXETINE 40MG	CAP	CAP	DR.R	6	510	8317
55111-0149-30	FLUOXETINE 40MG	CAP	CAP	DR.R	6	239	8317
55111-0153-13	ONDANSETRON 4 MG	TAB	TAB	DR.R	6	10	8317
55111-0153-30	ONDANSETRON 4 MG	TAB	TAB	DR.R	6	76	8317
55111-0154-13	ONDANSETRON 8 MG	TAB	TAB	DR.R	6	30	8317
55111-0154-30	ONDANSETRON 8 MG	TAB	TAB	DR.R	6	34	8317
55111-0158-10	OMEPRAZOLE 20MG DR R	EDD		Y	6	972	8317
55111-0198-30	SIMVASTATIN 10 MG	TAB	TAB	DR.R	6	390	8317
55111-0198-90	SIMVASTATIN 10 MG	TAB	TAB	DR.R	6	570	8317
55111-0199-05	SIMVASTATIN 20 MG	TAB	TAB	DR.R	6	2130	8317
55111-0199-30	SIMVASTATIN 20 MG	TAB	TAB	DR.R	6	960	8317
55111-0199-90	SIMVASTATIN 20 MG	TAB	TAB	DR.R	6	2998	8317
55111-0200-05	SIMVASTATIN 40 MG	TAB	TAB	DR.R	6	1230	8317
55111-0200-30	SIMVASTATIN 40 MG	TAB	TAB	DR.R	6	120	8317

55111-0200-90	SIMVASTATIN 40 MG	TAB	TAB	DR.R	6	554	8317
55111-0230-05	PRAVASTATIN 20 MG	TAB	TAB	DR.R	6	90	8317
55111-0230-90	PRAVASTATIN 20 MG	TAB	TAB	DR.R	6	570	8317
55111-0231-90	PRAVASTATIN 40 MG	TAB	TAB	DR.R	6	1357	8317
55111-0250-30	TERBINAFINE 250MG T	ABS		DRR	6	637	8317
55111-0320-01	GLIMEPIRIDE 1MG TAB		TAB	DR.R	6	90	8317
55111-0321-01	GLIMEPIRIDE 2MG TAB		TAB	DR.R	6	630	8317
55111-0322-01	GLIMEPIRIDE 4MG TAB		TAB	DR.R	6	1020	8317
55111-0478-01	ZOLPIDEM 5 MG	TAB	TAB	DR.R	4	285	8317
55111-0479-01	ZOLPIDEM 10 MG	TAB	TAB	DR.R	4	2527	8317
55111-0479-05	ZOLPIDEM 10 MG	TAB	TAB	DR.R	4	120	8317
55111-0530-01	DIVALPROEX SOD DR 25	0 D		R R	6	120	8317
55111-0531-01	DIVALPROEX SOD DR 50	0MG		DR.R	6	60	8317
55111-0737-09	SUMATRIPTAN SUCC 100	MG		DR. R	6	117	8317
55111-0738-09	SUMATRIPTAN 25MG DRR				6	27	8317
55513-0025-04	ARANESP 100MCG	INJ	ML	AMGE	6	4	8317
57664-0167-08	METOPROLOL 100MG	TAB	TAB	CARA	6	90	8317
57664-0273-08	CLONAZEPAM 0.5MG	TAB	TAB	CARA	4	30	8317
57664-0391-08	OXAPROZIN 600MG	TAB	TAB	CARA	6	88	8317
57664-0516-88	ZOLPIDEM 10 MG	TAB	TAB	CARA	4	485	8317
57664-0537-88	TRAMADL/APAP	TAB	TAB	CARA	6	830	8317
57866-7980-01	VIAGRA 50MG	TAB	TAB	DIRE	6	30	8317
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57866-8615-01	LIPITOR 10MG	TAB	TAB	DIRE	6	15	8317
57896-0401-01	DOCUSATE SOD 100MG	CAP	CAP	GERI	8	680	8317
58177-0001-04	POT CHLORIDE 10MEQ E	RCA	CAP	P ETH	6	358	8317
58177-0041-04	OXYCODONE 5MG	CAP	CAP	ETHE	2	672	8317
58177-0066-19	DILTIAZEM 420 MG/2	CAP	CAP	ETHE	6	92	8317
58177-0301-04	KETOROLAC 10MG	TAB	TAB	ETHE	6	119	8317
58177-0303-04	NAPROXEN DR EC 500MG	TA	TAB	B ETH	6	630	8317
58177-0309-04	BUSPIRONE 15MG	TAB	TAB	ETHE	6	90	8317
58177-0324-04	NITROQUICK 0.4MG	SUB	TAB	ETHE	6	100	8317
58177-0324-18	NITROQUICK 0.4MG	SUB	TAB	ETHE	6	250	8317
58177-0325-04	NITROQUICK 0.6MG	SUB	TAB	ETHE	6	100	8317
58177-0886-01	MORPHINE SUL 20MG/M	SOL	ML	ETHE	2	60	8317
58177-0886-03	MORPHINE SUL 20MG/ML	SO	ML	L ETH	2	90	8317
58406-0435-01	ENBREL 50MG/ML	INJ	ML	AMGE	6	24	8317
58406-0435-04	ENBREL PREFILL 50MG/	ML	ML		6	20	8317
58406-0445-04	ENBREL SURECLICK 50M	G/M	ML	LAMGE	6	4	8317
58407-0527-01	STAHIST	TAB	TAB	MAGN	6	596	8317
58468-0021-01	RENAGEL 800MG	TAB	TAB	GENZ	6	180	8317
58980-0150-20	HYPERCARE 20%	SOL	ML	STRA	6	420	8317
59011-0103-10	OXYCONTIN 20MG CR	TAB	TAB	PURD	2	360	8317
59011-0105-10	OXYCONTIN 40MG CR	TAB	TAB	PURD	2	513	8317
59011-0107-10	OXYCONTIN 80MG CR	TAB	TAB	PURD	2	1322	8317
59011-0107-20	OXYCONTIN 80 MG CR	TAB	TAB	PURD	2	540	8317
59011-0860-10	OXYCONTIN 60MG TABS	PE		RDUE	2	480	8317
59148-0006-13	ABILIFY 2 MG	TAB	TAB	B-MS	6	180	8317
59148-0007-13	ABILIFY 5 MG	TAB	TAB	B-MS	6	205	8317
59148-0008-13	ABILIFY 10 MG	TAB	TAB	B-MS	6	180	8317
59148-0009-13	ABILIFY 15 MG	TAB	TAB	B-MS	6	198	8317
59148-0010-13	ABILIFY 20 MG	TAB	TAB	B-MS	6	240	8317
59148-0011-13	ABILIFY 30 MG	TAB	TAB	B-MS	6	210	8317
59310-0175-40	QVAR 40MCG	AER	GM	IVAX	6	8	8317
59310-0177-80	QVAR 80MCG	AER	GM	IVAX	6	48	8317
59310-0579-20	PROAIR HFA	AER	GM	IVAX	6	603	8317
59366-2807-02	HYDROCORT 5 MG	TAB	TAB	GLAD	6	525	8317
59366-2817-03	HYDROCORTISONE SUSP	2MG		/ML	6	2700	8317
59417-0103-10	VYVANSE 30 MG	CAP	CAP	SHIR	2	210	8317

59417-0104-10	VYVANSE 40MG CAP SHI	RE			2	60	8317
59417-0105-10	VYVANSE 50 MG	CAP	CAP	SHIR	2	150	8317
59417-0106-10	VYVANSE 60MG CAP SHI	RE			2	210	8317
59417-0107-10	VYVANSE 70 MG	CAP	CAP	SHIR	2	90	8317
59630-0300-20	NITROLINGUAL PUMP	SPR	GM	FIRS	6	72	8317
59630-0414-35	PRENATE DHA	CAP	CAP	SCIE	6	90	8317
59630-0450-08	FURADANTIN 25MG/5ML	SCI	ML	ELE	6	400	8317
59630-0450-16	FURADANTIN 25MG/5ML	SUS	ML	FIRS	6	300	8317
59630-0501-10	SULAR 17MG ER TABS				6	309	8317
59630-0502-10	SULAR ER 25.5MG SCI		TAB		6	270	8317
59630-0503-10	SULAR 34 MG ER TABLE	T		SCIE	6	30	8317
59630-0701-48	ORAPRED ODT 15MG SCI	E			6	10	8317
59630-0702-01	ORAPRED ODT 15 MG	TAB	TAB	SCIE	6	5	8317
59702-0650-01	CEPHADYN 50-650 M	TAB	TAB	ATLE	6	60	8317
59702-0800-16	ATUSS DS	SUS	ML	ATLE	6	600	8317
59746-0177-10	CYCLOBENZAPR 10 MG	TAB	TAB	CADI	6	5547	8317
59746-0211-06	CYCLOBENZAPR 5 MG	TAB	TAB	CADI	6	162	8317
59746-0382-06	HYDROCHLORTHZDE 12.5	CA		P CAD	6	1440	8317
59762-1520-01	AMLODIPINE 2.5 MG	TAB	TAB	GREE	6	180	8317
59762-1530-01	AMLODIPINE 5 MG	TAB	TAB	GREE	6	3870	8317
59762-1530-02	AMLODIPINE 5 MG	TAB	TAB	GREE	6	300	8317
59762-1540-01	AMLODIPINE 10 MG	TAB	TAB	GREE	6	2044	8317
59762-3060-01	AZITHROMYCIN 250MG T	AB	TAB	GREEN	6	6	8317
59762-3110-01	AZITHROMYCIN 100MG/5	ML		GREEN	6	270	8317
59762-3120-01	AZITHROMYCIN 200MG/5	ML	ML	GRE	6	195	8317
59762-3130-01	AZITHROMYCIN 200/5 2		2.5	ML GR	6	644	8317
59762-3140-01	AZITHROMYCIN 200MG/5	ML		GRE	6	180	8317
59762-3742-02	MEDROXYPR AC 10MG	TAB	TAB	GREE	6	100	8317
59762-4538-01	MEDROXYPR AC 150 MG	INJ	ML	GREE	6	4	8317
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59762-4900-01	SERTRALINE 50 MG	TAB	TAB	GREE	6	1905	8317
59762-4900-04	SERTRALINE 50 MG	TAB	TAB	GREE	6	531	8317
59762-4910-01	SERTRALINE 100 MG	TAB	TAB	GREE	6	2080	8317
59762-4910-03	SERTRALINE 100 MG	TAB	TAB	GREE	6	30	8317
59762-4910-04	SERTRALINE 100 MG	TAB	TAB	GREE	6	540	8317
59762-4960-01	SERTRALINE 25 MG	TAB	TAB	GREE	6	81	8317
59762-5020-01	QUINAPRIL 10MG	TAB	TAB	GREE	6	390	8317
59762-5026-01	GABAPENTIN 100MG	CAP	CAP	GREE	6	510	8317
59762-5029-01	FLUCONAZOLE 10MG/ML	SUS	ML	GREE	6	35	8317
59762-5030-01	FLUCONAZOLE 40MG/ML	SUS	ML	GREE	6	70	8317
60258-0070-01	ERGOTAM/CAFF 1/100	TAB	TAB	CYPR	6	360	8317
60258-0185-01	POLY-IRON 150		CAP		8	300	8317
60258-0771-16	CODAL-DM	SYP	ML	CYPR	8	300	8317
60432-0093-16	AMANTADINE 50MG/5ML	SYP	ML	MORT	6	340	8317
60432-0133-50	CLOBETASOL 0.05%	SOL	ML	MORT	6	50	8317
60432-0150-16	HYDROXYZ HCL 10MG/5M	LSY	ML	P MOR	6	60	8317
60432-0162-04	FLUOXETINE 20MG/5ML	SOL	ML	MORT	6	1275	8317
60432-0212-08	PREDNISOLONE 15MG/5M	L S		OL MP	6	100	8317
60432-0464-00	LIDO/DIPHEN/MALDROXA	L	ML		6	720	8317
60432-0466-08	TCN/NYSTAT/DIPHEN/DE	XAM		ETH	6	500	8317
60432-0537-16	NYSTATIN 100000	SUS	ML	MORT	6	980	8317
60432-0604-16	PROMETHAZINE DM	SYP	ML	MORT	6	3240	8317
60432-0613-60	FUROSEMIDE 10MG/ML	SOL	ML	MORT	6	60	8317
60432-0837-16	BROMFED DM	SYP	ML	MURO	6	360	8317
60505-0007-04	DILT-CD 120MG	CAP	CAP	APOT	6	60	8317
60505-0008-04	DILT-CD 180MG	CAP	CAP	APOT	6	120	8317
60505-0009-04	DILT-CD 240MG	CAP	CAP	APOT	6	180	8317
60505-0025-04	RANITIDINE 150MG	TAB	TAB	APOT	6	80	8317
60505-0025-06	RANITIDINE 150MG	TAB	TAB	APOT	6	270	8317

60505-0025-08	RANITIDINE 150MG	TAB	TAB	APOT	6	580	8317
60505-0026-03	RANITIDINE 300MG	TAB	TAB	APOT	6	30	8317
60505-0027-04	TICLOPIDINE 250MG	TA	TAB	B APO	6	120	8317
60505-0039-01	ETODOLAC 200MG	CAP	CAP	APOT	6	240	8317
60505-0040-01	ETODOLAC 300MG	CAP	CAP	APOT	6	60	8317
60505-0041-01	ETODOLAC 400MG	TAB	TAB	APOT	6	180	8317
60505-0065-00	OMEPRazole 20MG	CAP	CAP	APOT	6	4410	8317
60505-0065-01	OMEPRazole 20MG	CAP	CAP	APOT	6	5855	8317
60505-0065-02	OMEPRazole 20MG	CAP	CAP	APOT	6	1662	8317
60505-0092-02	KETOCONAZOLE 200MG	TAB	TAB	APOT	6	4	8317
60505-0094-00	DOXAZOSIN MES 2MG	TAB	TAB	APOT	6	90	8317
60505-0095-00	DOXZOSIN MES 4MG	TAB	TAB	APOT	6	455	8317
60505-0096-00	DOXAZOSIN 8MG	TAB	TAB	APOT	6	870	8317
60505-0102-01	ETODOLAC 500MG	TAB	TAB	APOT	6	180	8317
60505-0132-01	CARBIDOPA/LEVODOPA E	R 5		0/200	6	150	8317
60505-0165-01	FLUVOXAMINE 50MG	TAB	TAB	APOT	6	30	8317
60505-0166-01	FLUVOXAMINE 100MG	TAB	TAB	APOT	6	300	8317
60505-0179-00	LOVASTATIN 40 MG	TAB	TAB	APOT	6	30	8317
60505-0185-00	LISINOPRIL 5MG	TAB	TAB	APOT	6	90	8317
60505-0189-00	LISINOPRIL 40MG	TAB	TAB	APOT	6	30	8317
60505-0193-03	AMLODIPINE 2.5 MG	TAB	TAB	APOT	6	60	8317
60505-0209-01	ENALAPR/HCTZ 10-25	TAB	TAB	APOT	6	30	8317
60505-0251-03	TIZANIDINE 2MG	TAB	TAB	APOT	6	110	8317
60505-0252-03	TIZANIDINE 4MG	TAB	TAB	APOT	6	7656	8317
60505-0272-01	MOEXIPRIL HCL 15MG T	ABS		APO	6	60	8317
60505-0363-01	OFLOXACIN 0.3%OTIC	DRO		APOT	6	5	8317
60505-0567-01	DORZOLAMIDE 2% SOL 1	OML		ATX	6	30	8317
60505-0823-06	CALCITONIN-SALMON AP	O			6	44	8317
60505-0827-01	IPRATROPIUM 0.06%	SPR	ML	APOT	6	45	8317
60505-0829-01	FLUTICASONE 50MCG SP	R A		PO	6	16	8317
60505-1321-01	MIDODRINE 5 MG	TAB	TAB	APOT	6	720	8317
60505-2511-02	FOSINOPRIL 20MG	TAB	TAB	APOT	6	30	8317
60505-2518-03	CITALOPRAM 10 MG	TAB	TAB	APOT	6	60	8317
60505-2518-04	CITALOPRAM 10MG	TAB	TAB	APOT	6	180	8317
60505-2518-08	CITALOPRAM 10 MG	TAB	TAB	APOT	6	340	8317
60505-2519-01	CITALOPRAM 20MG	TAB	TAB	APOT	6	570	8317
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60505-2519-03	CITALOPRAM 20 MG	TAB	TAB	APOT	6	60	8317
60505-2519-04	CITALOPRAM 20MG	TAB	TAB	APOT	6	1740	8317
60505-2520-01	CITALOPRAM 40MG	TAB	TAB	APOT	6	966	8317
60505-2520-03	CITALOPRAM 40 MG	TAB	TAB	APOT	6	30	8317
60505-2520-04	CITALOPRAM 40MG	TAB	TAB	APOT	6	1470	8317
60505-2535-01	OXCARBAZEPINE 300MG	TAB		APO	6	120	8317
60505-2656-01	TRIAMT/HCTZ 37.5-25	TAB	TAB	APOT	6	660	8317
60505-2656-05	TRIAMT/HCTZ 37.5-25	TAB	TAB	APOT	6	540	8317
60505-2657-01	TRIAMT/HCTZ 75-50 M	TAB	TAB	APOT	6	60	8317
60793-0136-01	SKELAXIN 800MG	TAB	TAB	KING	6	869	8317
60793-0605-01	AVINZA 30MG CR	CAP	CAP	KING	2	90	8317
60951-0602-70	ENDOCET 5-325MG	TAB	TAB	ENDO	2	331	8317
60951-0653-70	MORPHINE SUL 30MG ER	TA	TAB	B END	2	208	8317
60951-0712-70	ENDOCET 10-325MG	TAB	TAB	ENDO	2	2473	8317
60951-0797-70	ENDOCET 10-650MG	TAB	TAB	ENDO	2	790	8317
61314-0224-05	TIMOLOL GFS 0.25% O	PSO	ML	L FAL	6	5	8317
61314-0225-25	TIMOLOL MAL 0.5% OP	GEL	ML	FALC	6	30	8317
61314-0227-05	TIMOLOL MAL 0.5% OP	SOL	ML	FALC	6	50	8317
61314-0245-01	BETAXOLOL 0.5% OP	SOL	ML	FALC	6	5	8317
61314-0631-36	NEO/POLY/DEX 0.1% OP	OI	GM	N FAL	6	12	8317
61314-0637-10	PREDNISOLONE 1% OP	SUS	ML	FALC	6	90	8317
61314-0641-75	NEO/POLY/HC OP	SUS	ML	FALC	6	8	8317

61314-0643-05	TOBRAMYCIN 0.3% OP	SOL	ML	FALC	6	15	8317
61314-0647-05	TOBRAMYCIN/DEXAMETH	5ML		FAL	6	15	8317
61314-0656-05	CIPROFLOXACIN 0.3% O	SOL	ML	FALC	6	5	8317
61570-0074-01	MENEST 1.25MG	TAB	TAB	MONA	6	180	8317
62037-0674-01	METFORMIN 500 MG	TAB	TAB	WATS	6	240	8317
62037-0674-10	METFORMIN 500 MG	TAB	TAB	ANDR	6	600	8317
62037-0700-30	TAZTIA XT 360 MG/2	CAP	CAP	WATS	6	90	8317
62037-0777-60	CLARITHROMYCIN ER 50	0MG		WAT	6	40	8317
62037-0955-01	FAMOTIDINE 20 MG	TAB	TAB	WATS	6	90	8317
62175-0119-37	ISOSORB MONO 60MG ER	TA	TAB	B KRE	6	150	8317
62175-0128-37	ISOSORB MONO 30MG ER	TA	TAB	B KRE	6	120	8317
62175-0446-01	PEG 3350 ELECTROL	SOL	ML	KREM	6	28000	8317
62584-0989-01	DIGOXIN 0.125MG	TAB	TAB	AMER	6	225	8317
62756-0142-01	METFORMIN HCL ER 500	TA	TAB	B SUN	6	1710	8317
62756-0142-02	METFORMIN HCL ER 500	TA	TAB	B SUN	6	794	8317
62756-0402-01	PHENYTOIN EX 100 MG	CAP	CAP	SUNP	6	180	8317
62756-0402-03	PHENYTOIN EX 100 MG	CAP	CAP	SUNP	6	3060	8317
62756-0580-81	PANTOPRAZOLE DR 40MG	TA	TAB	B SUN	6	18	8317
62756-0763-88	TORSEMIDE 20MG TAB S	UN			6	270	8317
62756-0764-88	TORSEMIDE 100MG TAB	SUN			6	225	8317
62756-0798-88	DIVALPROEX SOD DR 50	0MG		SUN	6	60	8317
62794-0670-01	PHENYTEK 200MG	CAP	CAP	MYLA	6	180	8317
62856-0243-30	ACIPHEX 20MG	TAB	TAB	EISA	6	644	8317
62856-0245-30	ARICEPT 5MG	TAB	TAB	EISA	6	180	8317
62856-0246-30	ARICEPT 10MG	TAB	TAB	EISA	6	840	8317
62991-1124-02	PROGESTERONE SUPP 10	0MG			6	75	8317
62991-2150-01	TESTOSTERONE W CHR 5	0MG		/GM	3	60	8317
62991-2159-01	E2(0.2)E3(0.8)PROG12	5			6	20	8317
63044-0203-61	IFEREX 150	CAP	CAP	NNOD	8	930	8317
63304-0435-01	FELODIPINE ER 2.5MG	RAN		B	6	90	8317
63304-0436-01	FELODIPINE ER 5MG TA	BS		RAN	6	90	8317
63304-0437-01	FELODIPINE ER 10MG R	AN			6	90	8317
63304-0656-01	CEPHALEXIN 250MG	CAP	CAP	RANB	6	94	8317
63304-0657-01	CEPHALEXIN 500MG	CAP	CAP	RANB	6	170	8317
63304-0761-20	AMOXICILLIN 400MG	CHW	TAB	RANB	6	104	8317
63304-0763-20	AMOXICILLIN 875MG	TAB	TAB	RANB	6	60	8317
63304-0768-01	AMOXICILLIN/CLAV 600	/43	ML	RAN	6	75	8317
63304-0860-01	METFORMIN 500MG ER	TAB	TAB	RANB	6	180	8317
63304-0959-01	CEPHALEXIN 250/5ML	SUS	ML	RANB	6	100	8317
63304-0959-02	CEPHALEXIN 250/5ML	SUS	ML	RANB	6	400	8317
63304-0970-01	AMOXICILLIN 400/5ML	SUS	ML	RANB	6	525	8317
63304-0970-04	AMOXICILLIN 400/5ML	SUS	ML	RANB	6	800	8317
63304-0975-05	FLUCONAZOLE 10MG/ML	SUS	ML	RANB	6	70	8317
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63304-0976-05	FLUCONAZOLE 40MG/ML	SUS	ML	RANB	6	35	8317
63402-0191-10	LUNESTA 2MG	TAB	TAB	SEPR	4	180	8317
63402-0193-10	LUNESTA 3MG	TAB	TAB	SEPR	4	382	8317
63402-0510-01	XOPENEX HFA	AER	GM	SEPR	6	225	8317
63402-0511-24	XOPENEX 0.31				6	144	8317
63402-0512-24	XOPENEX 0.63MG	NEB	ML	SEPR	6	216	8317
63402-0513-24	XOPENEX 1.25/3ML	NEB	ML	SEPR	6	1800	8317
63402-0701-01	OMNARIS NASAL SPRAY	SE		P	6	52	8317
63459-0201-01	PROVIGIL 200MG	TAB	TAB	CEPH	4	135	8317
63481-0571-70	OPANA ER 30MG TAB				2	60	8317
63481-0623-70	PERCOCET 5-325MG	TAB	TAB	ENDO	2	800	8317
63481-0628-70	PERCOCET 7.5-325M	TAB	TAB	ENDO	2	796	8317
63481-0674-70	OPANA ER 10 MG	TAB	TAB	ENDO	2	122	8317
63481-0687-06	LIDODERM 5%	DIS	PAT	ENDO	6	810	8317
63481-0693-70	OPANA ER 40 MG	TAB	TAB	ENDO	2	60	8317

63653-1171-01	PLAVIX 75MG	TAB	TAB	BMS	6	2250	8317
63653-1171-05	PLAVIX 75MG	TAB	TAB	BMS	6	810	8317
63653-1171-06	PLAVIX 75MG	TAB	TAB	BMS	6	2181	8317
63824-0008-20	MUCINEX 600MG ER	TAB	TAB	ADAM	8	60	8317
63824-0057-18	MUCINEX D 60-600MG	TAB	TAB	ADAM	8	18	8317
63857-0111-33	FLECTOR 1.3% PATCH	MON		ARCH	6	30	8317
64011-0001-08	GYNAZOLE-1 2% 5GRAM	CR	GM	THER	6	6	8317
64011-0124-08	CLINDESSE 2%	CRE	GM	THER	6	6	8317
64011-0195-19	PRECARE PREMIER	TAB	TAB	THER	6	60	8317
64011-0200-19	PRIMACARE ONE	CAP	CAP	THER	6	30	8317
64011-0207-34	REPLIVA 21/7 THER-RX		TAB		6	280	8317
64011-0215-41	EVAMIST 1.53MG SPRAY				6	9	8317
64125-0104-01	COLCHICINE 0.6MG	TAB	TAB	EXCE	6	459	8317
64125-0903-01	PHENOBARB 100MG	TAB	TAB	EXCE	4	720	8317
64376-0544-01	BPM PSEUDO 6-45MG	TAB	TAB	BOCA	6	24	8317
64376-0726-30	C-PHEN DM	DRO	ML	BOCA	6	150	8317
64376-0727-40	C-PHEN DM	SYP	ML	BOCA	6	400	8317
64376-0728-30	C-PHEN	DRO	ML	BOCA	6	30	8317
64376-0812-01	PHENAZOPYRIDINE HCL	200		MG BO	6	50	8317
64455-0993-94	ZOVIRAX 5%	OIN	GM	BIOV	6	15	8317
64679-0906-01	RANITIDINE 150MG	TAB	TAB	WOCK	6	2320	8317
64679-0906-03	RANITIDINE 150MG	TAB	TAB	WOCK	6	2360	8317
64679-0906-06	RANITIDINE 150MG	TAB	TAB	WOCK	6	70	8317
64679-0907-01	RANITIDINE 300MG	TAB	TAB	WOCK	6	320	8317
64679-0907-04	RANITIDINE 300MG	TAB	TAB	WOCK	6	350	8317
64679-0921-01	CEFUROXIME 250MG	TAB	TAB	WOCK	6	14	8317
64679-0922-01	CEFUROXIME 500MG	TAB	TAB	WOCK	6	20	8317
64679-0924-02	ENALAPRIL 5MG	TAB	TAB	WOCK	6	675	8317
64679-0925-02	ENALAPRIL 10MG	TAB	TAB	WOCK	6	720	8317
64679-0926-02	ENALAPRIL 20MG	TAB	TAB	WOCK	6	1110	8317
64679-0936-01	FAMOTIDINE 20MG	TAB	TAB	WOCK	6	420	8317
64679-0936-02	FAMOTIDINE 20MG	TAB	TAB	WOCK	6	120	8317
64720-0159-06	CILOSTAZOL 100 MG	TAB	TAB	CORE	6	1170	8317
64764-0046-13	PREVACID 30MG CAPS T	AKE		DA	6	4680	8317
64764-0151-04	ACTOS 15MG	TAB	TAB	TAKE	6	420	8317
64764-0240-60	AMITIZA 24MCG	CAP	CAP	TAKE	6	30	8317
64764-0301-14	ACTOS 30MG	TAB	TAB	TAKE	6	1350	8317
64764-0304-30	DUETACT 30-4 MG	TAB	TAB	TAKE	6	60	8317
64764-0451-24	ACTOS 45MG	TAB	TAB	TAKE	6	720	8317
64764-0543-11	PREVACID SOLUTAB 15M	G T		AK	6	164	8317
64764-0544-11	PREVACID SOLUTABS 30	MG		TAP	6	90	8317
64764-0805-30	ROZEREM 8MG	TAB	TAB	TAKE	6	285	8317
64980-0131-01	GLYCOPYRROL 1MG	TAB	TAB	RISI	6	600	8317
64980-0301-30	PROCTOZONE -HC 2.5	CRE	GM	RISI	6	90	8317
64980-0305-50	DENTA 5000 PLUS 51G	RI		SING	6	357	8317
65162-0572-10	BETHANECOL 10MG TAB	AMN			6	300	8317
65162-0627-11	TRAMADOL HCL 50 MG	TAB	TAB	AMNE	6	16768	8317
65162-0668-10	PRENATAL PLUS	TAB	TAB	AMNE	6	330	8317
65483-0702-10	ENTOCORT EC 3MG/24H	CAP	CAP	PROM	6	290	8317
65597-0103-30	BENICAR 20MG	TAB	TAB	SANK	6	390	8317
□							
65597-0104-30	BENICAR 40MG	TAB	TAB	SANK	6	990	8317
65597-0105-30	BENICAR HCT 20-12.5	TAB	TAB	SANK	6	480	8317
65597-0105-90	BENICAR HCT 20-12.5	TAB	TAB	SANK	6	330	8317
65597-0106-30	BENICAR HCT 40-12.5	TAB	TAB	SANK	6	330	8317
65597-0107-30	BENICAR HCT 40-25MG	TAB	TAB	SANK	6	660	8317
65597-0112-30	AZOR 5/40 TAB				6	180	8317
65597-0701-18	WELCHOL 625MG	TAB	TAB	SANK	6	2100	8317
65649-0501-30	PROCTOCORT 1%	CRE	GM	MONA	8	29	8317



65702-0104-10	ACCU-CHEK AVIVA	TES	STP	ROCH	8	400	8317
65726-0250-10	INNOPRAN XL 80MG	CAP	CAP	RELI	6	150	8317
65726-0425-27	LOVAZA 1GM	CAP	CAP	RELI	6	270	8317
65862-0003-30	MIRTAZAPINE 30MG	TAB	TAB	AURO	6	720	8317
65862-0031-30	MIRTAZAPINE 15MG	TAB	TAB	AURO	6	360	8317
65862-0032-30	MIRTAZAPINE 45MG	TAB	TAB	AURO	6	210	8317
66220-0729-30	KRISTALOSE 20GM	PAK	PAC	CUMB	6	30	8317
66479-0515-10	DARVOCET-N 100	TAB	TAB	XANO	4	200	8317
66479-0582-10	ROXICODONE 30 MG	TAB	TAB	XANO	2	1552	8317
66479-0870-30	DUET DHA EC				6	360	8317
66582-0312-28	VYTORIN 10-20MG	TAB	TAB	MERC	6	240	8317
66582-0312-31	VYTORIN 10-20MG	TAB	TAB	MERC	6	419	8317
66582-0313-31	VYTORIN 10-40MG	TAB	TAB	MERC	6	780	8317
66582-0315-31	VYTORIN 10-80MG	TAB	TAB	MERC	6	180	8317
66582-0315-66	VYTORIN 10-80 MG	TAB	TAB	MERC	6	180	8317
66582-0414-31	ZETIA 10MG	TAB	TAB	MERC	6	2325	8317
66685-1011-00	AMOX/CLAV 200/5M	SUS	ML	LEKP	6	250	8317
66685-1011-02	AMOX/CLAV 200/5M	SUS	ML	LEKP	6	100	8317
66685-1012-01	AMOX/CLAV 400/5M	SUS	ML	LEKP	6	675	8317
66685-1012-02	AMOX/CLAV 400/5M	SUS	ML	LEKP	6	500	8317
66887-0001-05	TESTIM 1%(50MG)	GEL	GM	AUXI	3	300	8317
66992-0185-02	NUCORT 2% LOTION 2OZ				6	60	8317
66993-0106-02	FEXOFENADINE 30MG	TAB	TAB	PRAS	6	60	8317
66993-0109-02	FEXOFENADINE 180MG T	AB	TAB	PRAS	6	3390	8317
66993-0880-61	PREDNICARBATE/AQUAPH	OR			6	120	8317
67159-0112-03	RANEXA 500 MG	TAB	TAB	CV T	6	330	8317
67253-0141-10	AMOXICILLIN 500 MG	CAP	CAP	DAVA	6	40	8317
67253-0141-50	AMOXICILLIN 500 MG	CAP	CAP	DAVA	6	915	8317
67707-0130-30	ANTARA 130 MG	CAP	CAP	OSCI	6	180	8317
67767-0112-15	NYSTATIN 100000	POW	GM	ACTA	6	60	8317
68032-0146-40	RE SA 6%	CRE	GM	RIVE	6	800	8317
68032-0147-14	RE SA 6%	LOT	ML	RIVE	6	828	8317
68047-0163-01	NOHIST-PLUS LARK TAB	S			6	55	8317
68180-0113-16	LEVETIRACETAM TABS 5	00M		G LUP	6	210	8317
68180-0115-07	LEVETIRACETAM 1000MG	TA		B LUP	6	330	8317
68180-0121-01	CEPHALEXIN 250 MG	CAP	CAP	LUPI	6	137	8317
68180-0122-01	CEPHALEXIN 500 MG	CAP	CAP	LUPI	6	270	8317
68180-0122-02	CEPHALEXIN 500 MG	CAP	CAP	LUPI	6	1329	8317
68180-0124-01	CEPHALEXIN 250/5 ML	SUS	ML	LUPI	6	100	8317
68180-0302-20	CEFUROXIME 250 MG	TAB	TAB	LUPI	6	62	8317
68180-0518-01	LISINOP/HCTZ 10-12.	TAB	TAB	LUPI	6	690	8317
68180-0519-01	LISINOP/HCTZ 20-12.	TAB	TAB	LUPI	6	570	8317
68180-0520-01	LISINOP/HCTZ 20-25	TAB	TAB	LUPI	6	720	8317
68180-0557-09	QUINAPRIL 10 MG	TAB	TAB	LUPI	6	270	8317
68180-0558-09	QUINAPRIL 20 MG	TAB	TAB	LUPI	6	495	8317
68180-0559-09	QUINAPRIL 40 MG	TAB	TAB	LUPI	6	1103	8317
68180-0711-60	CEFDINIR 300 MG	CAP	CAP	LUPI	6	172	8317
68180-0722-10	CEFDINIR 125/5 ML	SUS	ML	LUPI	6	300	8317
68180-0722-20	CEFDINIR 125/5 ML	SUS	ML	LUPI	6	240	8317
68180-0723-10	CEFDINIR 250/5 ML	SUS	ML	LUPI	6	1400	8317
68180-0723-20	CEFDINIR 250/5 ML	SUS	ML	LUPI	6	900	8317
68308-0516-10	FA/B12/B6 2.5/1/25	MG	TAB	MIDL	6	150	8317
68308-0830-10	DIACETAZONE CAPS	MI		DLOT	4	380	8317
68382-0001-06	PAROXETINE 40 MG	TAB	TAB	ZYDU	6	60	8317
68382-0001-16	PAROXETINE 40 MG	TAB	TAB	ZYDU	6	300	8317
68382-0006-01	LAMOTRIGINE 25MG TAB	ZY		D	6	150	8317
68382-0008-01	LAMOTRIGINE 100MG TA	B Z		YG	6	270	8317
□							
68382-0009-14	LAMOTRIGINE 150MG TA	B		ZY	6	120	8317

68382-0019-01	VENLAFAXINE 37.5MG T	AB		ZY	6	390	8317
68382-0021-01	VENLAFAXINE HCL 75MG			ZY	6	210	8317
68382-0028-01	METFORMIN 500MG	TAB	TAB	ZYDU	6	5280	8317
68382-0028-10	METFORMIN 500MG	TAB	TAB	ZYDU	6	1694	8317
68382-0029-01	METFORMIN 850MG	TAB	TAB	ZYDU	6	600	8317
68382-0030-01	METFORMIN 1000MG	TAB	TAB	ZYDU	6	4740	8317
68382-0030-05	METFORMIN 1000MG	TAB	TAB	ZYDU	6	1200	8317
68382-0041-01	PROMETHAZINE 25MG	TAB	TAB	ZYDU	6	3563	8317
68382-0052-01	WARFARIN SOD 1MG ZYG				6	180	8317
68382-0054-01	WARFARIN SOD 3MG ZYG				6	376	8317
68382-0067-05	SIMVASTATIN 20 MG	TAB	TAB	ZYDU	6	30	8317
68382-0068-05	SIMVASTATIN 40 MG	TAB	TAB	ZYDU	6	1050	8317
68382-0068-10	SIMVASTATIN 40 MG	TAB	TAB	ZYDU	6	870	8317
68382-0068-16	SIMVASTATIN 40 MG	TAB	TAB	ZYDU	6	1350	8317
68382-0069-06	SIMVASTATIN 80 MG	TAB	TAB	ZYDU	6	450	8317
68382-0069-10	SIMVASTATIN 80 MG	TAB	TAB	ZYDU	6	30	8317
68382-0069-14	SIMVASTATIN 80 MG	TAB	TAB	ZYDU	6	90	8317
68382-0069-16	SIMVASTATIN 80 MG	TAB	TAB	ZYDU	6	1380	8317
68382-0093-01	CARVEDILOL 6.25MG TA	BS		ZY	6	150	8317
68382-0094-01	CARVEDILOL 12.5 MG Z	YG			6	1080	8317
68382-0095-01	CARVEDILOL 25MG TABS	ZY			6	540	8317
68382-0097-06	PAROXETINE 10 MG	TAB	TAB	ZYDU	6	180	8317
68382-0098-01	PAROXETINE 20 MG	TAB	TAB	ZYDU	6	1821	8317
68382-0099-06	PAROXETINE 30 MG	TAB	TAB	ZYDU	6	330	8317
68382-0109-01	LAMOTRIGINE 25MG CHE	W T		AB ZY	6	1276	8317
68382-0248-01	BENZONATATE 200MG CA	PS		ZYG	6	659	8317
68462-0108-60	TOPIRAMATE 25MG GLE	N			6	256	8317
68462-0109-60	TOPIRAMATE 100MG TAB	GL		EN	6	360	8317
68462-0110-60	TOPIRAMATE 200MG GLE	NMA		RK TB	6	120	8317
68462-0126-01	GABAPENTIN 600 MG	TAB	TAB	GLEN	6	2772	8317
68462-0126-05	GABAPENTIN 600 MG	TAB	TAB	GLEN	6	840	8317
68462-0127-01	GABAPENTIN 800 MG	TAB	TAB	GLEN	6	1350	8317
68462-0127-05	GABAPENTIN 800 MG	TAB	TAB	GLEN	6	540	8317
68462-0138-01	OXCARBAZEPINE 300MG	TAB		GLEN	6	480	8317
68462-0139-01	OXCARBAZEPINE 600MG	TAB	TAB	GPP	6	570	8317
68462-0147-01	NITROGLYCER 0.6MG	SUB	TAB	GLEN	6	100	8317
68462-0153-60	TOPIRAMATE 50MG TAB	GLE		N	6	30	8317
68462-0189-01	NAPROXEN 375MG	TAB	TAB	GLEN	6	390	8317
68462-0190-01	NAPROXEN 500MG	TAB	TAB	GLEN	6	2359	8317
68462-0190-05	NAPROXEN 500MG	TAB	TAB	GLEN	6	480	8317
68462-0204-01	OXYCODONE 5 MG	CAP	CAP	GLEN	2	942	8317
68462-0289-65	CLOBETASOL 0.05% CR				6	120	8317
68462-0366-53	CLOBETASOL SOLN 0.05	% G		LEN	6	200	8317
68585-0006-12	MAG-OXIDE 400MG	TAB	TAB	RISI	8	720	8317
68669-0711-10	ALAMAST 0.1%	DRO	ML	VIST	6	10	8317
68682-0004-31	FLUOROURACIL 5%	CRE	GM	OCEA	6	80	8317
68727-0601-01	LUVOX CR 150MG CAP	ORP			6	30	8317
68774-0302-35	CLARITHROMYC 125/5M	SUS	ML	DAVA	6	100	8317
68774-0303-29	CLARITHROMYC 250/5M	SUS	ML	DAVA	6	50	8317
68774-0303-35	CLARITHROMYC 250/5M	SUS	ML	DAVA	6	400	8317
70074-0007-29	TWO CAL HN VANILLA L	IQ		24X8	6	5688	8317
76858-5006-12	MAG OXIDE 400MG	TAB	TAB	RISI	8	150	8317
90891-0246-24	PREVAIL BRF MEDIUM	MIS	MIS	FIRS	8	540	8317
99073-0120-50	FREESTYLE	TES	STP	ABBO	8	300	8317
99073-0121-01	FREESTYLE	TES	STP	ABBO	8	100	8317
99073-0124-50	FREESTYLE M/M	TES		ABBO	8	200	8317
99073-0708-19	FREESTYLE LITE	TES	TES	ABBO	8	1150	8317
99073-0708-22	FREESTYLE LITE	TES	TES	ABBO	8	800	8317
99207-0010-10	LOPROX 1%	SHA	ML	MEDI	6	120	8317

**Howenstein, Kim**

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**From:** Shaffer, Shannon  
**Sent:** Thursday, June 04, 2009 11:59 AM  
**To:** Dunham, Tim  
**Subject:** RE: MediCap #8317  
**Attachments:** Query1.xls

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**From:** Dunham, Tim  
**Sent:** Wednesday, June 03, 2009 12:25 PM  
**To:** Shaffer, Shannon  
**Subject:** FW: MediCap #8317

New Medicap account- would you please analyze and provide threshold levels for me ? Not yet in distract so I'll assign and make any necessary adjustments- Thanks

Tim

---

**From:** Kave, Jesse  
**Sent:** Thursday, May 28, 2009 6:26 PM  
**To:** Dunham, Tim; GMB-QRA-Anti-Diversion  
**Subject:** FW: MediCap #8317

Tim,  
Here is the RX utilization for MediCap Pharmacy in Huntington, WV . The QRA 7 page survey has been done and I will email the pictures as soon as they download to my email.

*JESSE KAVE  
CARDINAL HEALTH  
PHARMACY BUSINESS CONSULTANT  
jesse.kave@cardinalhealth.com  
Cell 304-926-4337*

---

**From:** Bono, Susan  
**Sent:** Thursday, May 28, 2009 4:39 PM  
**To:** Kave, Jesse  
**Cc:** Horst, Bradley  
**Subject:** RE: MediCap #8317

Jesse,

The report is attached.  
I've pulled out the controls into a separate tab for you so you can have one report for QRA and one for inventory/purchasing.  
Take care.

Susan Bono  
HSCS-Pharmaceutical , Retail Independent Buying Groups  
Cardinal Health

Phone: 314-872-5594/Fax: 314-872-5369  
Cell: 636-346-3568  
Email: [susan.bono@cardinalhealth.com](mailto:susan.bono@cardinalhealth.com)

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**From:** Kave, Jesse  
**Sent:** Wednesday, May 27, 2009 4:39 PM  
**To:** Bono, Susan  
**Cc:** Horst, Bradley  
**Subject:** MediCap #8317  
**Importance:** High

Susan,  
See attached consent form to retrieve 6 month utilization for QRA. The seven page QRA questionnaire was done today and I will be emailing the pictures to QRA tomorrow.

Thanks,  
*JESSE KAVE*  
*CARDINAL HEALTH*  
*PHARMACY BUSINESS CONSULTANT*  
*jesse.kave@cardinalhealth.com*  
*Cell 304-926-4337*

**Nelson, Deidre**

---

**From:** Morse, Sherry  
**Sent:** Wednesday, May 27, 2009 2:24 PM  
**To:** GMB-QRA-ComplianceAgreement  
**Subject:** Response for Compliance Agreement

E-mail notification for survey response

Survey Title: Compliance Agreement

Respondent Unique Key: INQ-20090527131853-1595469920 Response Date: Wed, May 27, 2009 13:24:08

Page 1

(Customer Name)  
{Enter text answer}  
[ Medicap Pharmacy 8317 ]

[\*]  
By submitting this form with this box checked, I am certifying that the above is agreed to by a duly authorized officer, partner, or principal of Customer.  
{Choose if appropriate}

DEA Number of Customer:  
{Enter text answer}  
[ BM7641512 ]

Full Name of Person Completing Form:  
{Enter text answer}  
[ Peter A. Thomas ]

Title of Person Completing Form:  
{Enter text answer}  
[ Pres ]

# Anti-Diversion Customer Profile

**REVIEWED**

By Christopher J. Forst at 11:40 am, Nov 02, 2009

BM7641512 MEDICAP PHARMACY

**DEA LICENSE INFORMATION**

DEA Number:	BM7641512	
Business Activity Code:	A 0	RETAIL PHARMACY
DEA Schedules:	22N 33N 4 5	
License Expiration Date:	20110131	

**CUSTOMER INFORMATION**

MEDICAP PHARMACY	
4352 5TH STREET ROAD	
HUNTINGTON	WV 25701
Dominant Accounting Class:	10
First Cardinal Account Created:	6/3/2009
Visited by QRA / # of Visits / Most Recent Visit:	

**PURCHASE PROFILE**

The below metrics are aggregated based on the previous 12 months sales figures

# of Drug Families Purchased:	31	Hydrocodone	9,645
Total Rx Sales (\$):	\$404,276.82	Oxycodone	13,100
Control Substance (CS) Sales (\$):	\$38,316.67	Alprazolam	12,000
Rx Dosage Units Sold	323,139	Phentermine	200
CS Dosage Units Sold:	57,962	Carisoprodol	0
% CS Purchases	17.94%	Tramadol	3100
% AHOP CS Purchases	10.81%		
Total # of SOM Events:	1		
Most Recent SOM:	10/31/2009		

**SOM EVENT SPECIFIC INFORMATION**

Drug Family:	9193	HYDROCODONE BITARTRATE
# of Events:	1	Not unreasonable, returning customer, established store, small threshold adjustment. Order released.
Overage date:	10/31/2009	
Total Accrual:	10,295	
Monthly Limit:	10,000	
Order#:	5667723	
Item#:	3323649	

**HISTORICAL PURCHASE DATA**

Oct 08	0	Apr 09	0
Nov 08	0	May 09	0
Dec 08	0	Jun 09	0
Jan 09	0	Jul 09	380
Feb 09	0	Aug 09	190
Mar 09	0	Sep 09	9,075

**DISTRACK INFORMATION**

Dublin 6	WH	102981
8	BM7641512	9193

**REGIONAL DEMOGRAPHICS**

Region:	South	South Atlantic
County / Population:	CABELL	93,824
Population of Zip	Income / Household	Median Age
24,762	\$25,504.00	37.60

**REVIEW CHECKLIST**

- Customer Profile
- Held Order
- AR Limit
- Shipped Report
- Ordered Report
- Release/Cancel Report
- Validate Order Limits
- Customer Inquiry
- SCI Repository Review
- Contact Customer

**QRA DECISION**

- Release Order ✓
- Cut Order
- Increase SOM Limits ✓
- Report Order to DEA
- QRA Site Visit
- Sales Site Visit



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11/2/2009 9:21:18 AM

HIGHLY CONFIDENTIAL

CAH\_FEDWV\_00000431

P-42112\_00040





Current Date: 5/27/2009

Data File Release Date: 05/04/2009

**Drug Enforcement Administration (DEA) Datafiles -Both****Registrant Profile***for***MEDICAP PHARMACY**

Address:

4352 5TH STREET ROAD

HUNTINGTON

State / Zip: WV 25701

DEA Number: BM7641512

Business Activity Code: A

Business Activity Sub Code: 0

Drug Schedule: 22N 33N 4 5

Expiration Date: 1/31/2011

Payment Indicator: P



**Howenstein, Kim**

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**From:** Morse, Sherry  
**Sent:** Wednesday, May 27, 2009 2:19 PM  
**To:** GMB-QRA-Anti-Diversion  
**Subject:** Response for SCS-P Retail Independent Pharmacy Questionnaire

E-mail notification for survey response

Survey Title: SCS-P Retail Independent Pharmacy Questionnaire Respondent Unique Key:  
INQ-20090527122205-2031118554 Response Date: Wed, May 27, 2009 13:18:51

Page 1

1. Are you a current or new customer?

{Choose one}

( ) Current

(\*) New

2. Visited by:

{Enter text answer}

[ Jesse Kave ]

Date visited:

{Enter text answer}

[ 5/27/09 ]

Name/Title of person providing information:

{Enter text answer}

[ Peter Thomas Pres. ]

3. Pharmacy Legal Business Name:

{Enter text answer}

[ PASTM Inc ]

4. DEA Registration # of pharmacy:

{Enter text answer}

[ BM7641512 ]

5. DBA (if any):

{Enter text answer}

[ Medicap Pharmacy #8317 ]

Address:

{Enter text answer}

[ 4352 Fifth Street Rd ]

City:

{Enter text answer}

[ Huntington ]

State:

{Choose one}

( ) AK

( ) AL

( ) AR

( ) AZ

( ) CA

( ) CO

( ) CT

( ) DC

( ) DE

( ) FL

( ) GA

☐ HI  
☐ IA  
☐ ID  
☐ IL  
☐ IN  
☐ KS  
☐ KY  
☐ LA  
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☐ MN  
☐ MO  
☐ MS  
☐ MT  
☐ NC  
☐ ND  
☐ NE  
☐ NH  
☐ NJ  
☐ NM  
☐ NV  
☐ NY  
☐ OH  
☐ OK  
☐ OR  
☐ PA  
☐ RI  
☐ SC  
☐ SD  
☐ TN  
☐ TX  
☐ UT  
☐ VA  
☐ VT  
☐ WA  
☐ WI  
☒ WV  
☐ WY

Zip:

{Enter text answer}  
[ 25701 ]

Phone number(s):

{Enter text answer}  
[ 304 523-5003 ]

Email:

{Enter text answer}  
[ pat\_rph@hotmail.com ]

6. Has the pharmacy ever operated under a different name?

{Choose one}

☐ Yes  
☒ No

Page 2

7. Board of Pharmacy License #:

{Enter text answer}  
[ SP0552277 ]

Expiration date:

{Enter text answer}  
[ 6/30/2010 ]

8. State Controlled Substance License #:

{Enter text answer}

[ n/a ]

Expiration date:

{Enter text answer}

[ n/a ]

10. Name of Pharmacist in charge:

{Enter text answer}

[ Peter Thomas ]

State License #:

{Enter text answer}

[ 5140 ]

11. How many other pharmacist(s) are currently practicing at this pharmacy?

{Choose one}

(\*) 1-2

( ) 3-4

( ) 5-6

1:

{Enter text answer}

[ Angela Thomas ]

L#1:

{Enter text answer}

[ 5139 ]

F/P1:

{Choose one}

( ) Full-time

(\*) Part-time

2:

{Enter text answer}

[ Peter Thomas ]

L#2:

{Enter text answer}

[ 5140 ]

F/P2:

{Choose one}

(\*) Full-time

( ) Part-time

9. Is your pharmacy located within 25 miles of a border state?

{Choose one}

(\*) Yes

( ) No

List state:

{Enter text answer}

[ OH, KY ]

Page 3

12. How many licensed or registered pharmacy staff members practice at this pharmacy?

{Choose one}

(\*) 1-2

( ) 3-4

( ) 5-6

1:  
{Enter text answer}  
[ Samantha Simpkins ]

L#1:  
{Enter text answer}  
[ PT0005893 ]

F/P1:  
{Choose one}  
(\*) Full-time  
( ) Part-time

2:  
{Enter text answer}  
[ Theresa Asbury ]

L#2:  
{Enter text answer}  
[ trainee ]

F/P2:  
{Choose one}  
(\*) Full-time  
( ) Part-time

Page 4

1. Ownership type:  
{Choose one}  
( ) Sole proprietor  
(\*) Corporation  
( ) Partnership  
( ) Other [ ]

Please indicate state of incorporation:  
{Enter text answer}  
[ WV ]

2. Owner(s) Name(s):  
{Enter text answer}  
[ PASTM INC ]

3. DBA (if any):  
{Enter text answer}  
[ Medicap Pharmacy #8317 ]

Owner Business Address:  
{Enter text answer}  
[ 4352 Fifth Street Rd ]

Owner Phone:  
{Enter text answer}  
[ 304 523-5003 ]

City:  
{Enter text answer}  
[ Huntington ]

State:  
{Choose one}  
( ) AK  
( ) AL  
( ) AR  
( ) AZ  
( ) CA  
( ) CO

☐ CT  
☐ DC  
☐ DE  
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☐ NC  
☐ ND  
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☐ NM  
☐ NV  
☐ NY  
☐ OH  
☐ OK  
☐ OR  
☐ PA  
☐ RI  
☐ SC  
☐ SD  
☐ TN  
☐ TX  
☐ UT  
☐ VA  
☐ VT  
☐ WA  
☐ WI  
☒ WV  
☐ WY

Zip:

{Enter text answer}  
[ 25701 ]

4. Number of years owner has operated pharmacy:

{Enter text answer}  
[ 7 ]

5. Is owner a licensed pharmacist?

{Choose one}  
☒ Yes  
☐ No

List State(s) and coordinating license number(s):

{Enter text answer}  
[ WV 5140 ]

6. Does owner operate/own any other pharmacies?

{Choose one}  
☐ Yes  
☒ No



Page 5

1. Has the pharmacy ever had a DEA registration suspended or revoked?

{Choose one}

( ) Yes

(\*) No

2. Has the owner ever had a DEA registration suspended or revoked?

{Choose one}

( ) Yes

(\*) No

Are there currently any suits, liens or judgments filed against owner(s) of pharmacy?

{Choose one}

( ) Yes

(\*) No

3. Has the pharmacy ever had a past and/or current state license(s) suspended, revoked or disciplined?

{Choose one}

( ) Yes

(\*) No

4. Has the pharmacy ever had a past and/or current state controlled substance license suspended, revoked or disciplined?

{Choose one}

( ) Yes

(\*) No

5. Has the Pharmacist-in-Charge ever had their state license(s) suspended, revoked or disciplined?

{Choose one}

( ) Yes

(\*) No

Page 6

6. Has the Pharmacist/owner (if applicable) had their state license(s) suspended, revoked or disciplined?

{Choose one}

( ) Yes

(\*) No

7. Please provide a list of names of all pharmaceutical distributors this pharmacy used within the last 24 months:

{Enter answer in paragraph form}

[ Amerisource Bergen, Anda ]

8. Please provide a list of names of all pharmaceutical distributors this pharmacy intends to continue to use:

{Enter answer in paragraph form}

[ Anda ]

9. Is pharmacy or owner a member of any professional associations (NCPA, APhA, etc.)?

{Choose one}

(\*) Yes

( ) No

Please provide names:

{Enter text answer}

[ WVPA, APhA ]

10. Does the pharmacy have any certifications (JCAHO, VIPPS, etc.)?

{Choose one}

- ( ) Yes
- (\*) No

Page 7

1. How does the pharmacy receive prescriptions? (check all that apply)  
{Choose all that apply}

- (\*) Internet (new prescriptions)
- (\*) Internet (refills only)
- (\*) Electronic prescribing
- (\*) Fax
- (\*) Mail Order
- (\*) Phone
- (\*) Walk in

Internet (new prescriptions)  
{Enter text answer}  
[ 0.5 ]

Internet (refills only)  
{Enter text answer}  
[ 0.5 ]

Electronic prescribing  
{Enter text answer}  
[ 40 ]

Fax  
{Enter text answer}  
[ 10 ]

Mail Order  
{Enter text answer}  
[ 2 ]

Phone  
{Enter text answer}  
[ 20 ]

Walk in  
{Enter text answer}  
[ 27 ]

3. Is pharmacy licensed by states into which it dispenses?  
{Choose one}  
(\*) Yes  
( ) No

A. State:  
{Choose one}

- ( ) AK
- ( ) AL
- ( ) AR
- ( ) AZ
- ( ) CA
- ( ) CO
- ( ) CT
- ( ) DC
- ( ) DE
- ( ) FL
- ( ) GA
- ( ) HI
- ( ) IA
- ( ) ID
- ( ) IL
- ( ) IN
- ( ) KS

☐ KY  
☐ LA  
☐ MA  
☐ MD  
☐ ME  
☐ MI  
☐ MN  
☐ MO  
☐ MS  
☐ MT  
☐ NC  
☐ ND  
☐ NE  
☐ NH  
☐ NJ  
☐ NM  
☐ NV  
☐ NY  
☐ OH  
☐ OK  
☐ OR  
☐ PA  
☐ RI  
☐ SC  
☐ SD  
☐ TN  
☐ TX  
☐ UT  
☐ VA  
☐ VT  
☐ WA  
☐ WI  
☒ WV  
☐ WY

Pharmacy License #:  
{Enter text answer}  
[ SP0552277 ]

B. State:  
{Choose one}

☐ AK  
☐ AL  
☐ AR  
☐ AZ  
☐ CA  
☐ CO  
☐ CT  
☐ DC  
☐ DE  
☐ FL  
☐ GA  
☐ HI  
☐ IA  
☐ ID  
☐ IL  
☐ IN  
☐ KS  
☐ KY  
☐ LA  
☐ MA  
☐ MD  
☐ ME  
☐ MI  
☐ MN  
☐ MO  
☐ MS

- ☐ MT
- ☐ NC
- ☐ ND
- ☐ NE
- ☐ NH
- ☐ NJ
- ☐ NM
- ☐ NV
- ☐ NY
- ☐ OH
- ☐ OK
- ☐ OR
- ☐ PA
- ☐ RI
- ☐ SC
- ☐ SD
- ☐ TN
- ☐ TX
- ☐ UT
- ☐ VA
- ☐ VT
- ☐ WA
- ☐ WI
- ☐ WV
- ☐ WY

Pharmacy License #:  
{Enter text answer}  
[ ]

C. State:  
{Choose one}

- ☐ AK
- ☐ AL
- ☐ AR
- ☐ AZ
- ☐ CA
- ☐ CO
- ☐ CT
- ☐ DC
- ☐ DE
- ☐ FL
- ☐ GA
- ☐ HI
- ☐ IA
- ☐ ID
- ☐ IL
- ☐ IN
- ☐ KS
- ☐ KY
- ☐ LA
- ☐ MA
- ☐ MD
- ☐ ME
- ☐ MI
- ☐ MN
- ☐ MO
- ☐ MS
- ☐ MT
- ☐ NC
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- ☐ NV
- ☐ NY

☐ OH  
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☐ OR  
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☐ SD  
☐ TN  
☐ TX  
☐ UT  
☐ VA  
☐ VT  
☐ WA  
☐ WI  
☐ WV  
☐ WY

Pharmacy License #:  
{Enter text answer}  
[ ]

Page 8

4. Does pharmacy fill controlled substance prescriptions for patients that reside out of state?

{Choose one}

☒ Yes

☐ No

5. Does pharmacy routinely fill controlled substance prescriptions written by prescribers in other states?

{Choose one}

☒ Yes

☐ No

1

Out-of-State Prescriber's Name

{Enter text answer}

[ Jeannine Parikh ]

Address (including City)

{Enter text answer}

[ 384 County Rd 120 South, South Point ]

ST

{Choose one}

☐ AK

☐ AL

☐ AR

☐ AZ

☐ CA

☐ CO

☐ CT

☐ DC

☐ DE

☐ FL

☐ GA

☐ HI

☐ IA

☐ ID

☐ IL

☐ IN

☐ KS

☐ KY

( ) LA  
( ) MA  
( ) ME  
( ) MD  
( ) MI  
( ) MN  
( ) MO  
( ) MS  
( ) MT  
( ) NC  
( ) ND  
( ) NE  
( ) NH  
( ) NJ  
( ) NM  
( ) NV  
( ) NY  
(\*) OH  
( ) OK  
( ) OR  
( ) PA  
( ) RI  
( ) SC  
( ) SD  
( ) TN  
( ) TX  
( ) UT  
( ) VA  
( ) VT  
( ) WA  
( ) WI  
( ) WV  
( ) WY

Prescriber's Name  
{Enter text answer}  
[ Jeannine Parikh ]

Prescriber's DEA #  
{Enter text answer}  
[ BP7690060 ]

2

Out-of-State Prescriber's Name  
{Enter text answer}  
[ Mark Kingston ]

Address (including City)  
{Enter text answer}  
[ 203 S Water St, Louisa ]

ST  
{Choose one}  
( ) AK  
( ) AL  
( ) AR  
( ) AZ  
( ) CA  
( ) CO  
( ) CT  
( ) DC  
( ) DE



☐ FL  
☐ GA  
☐ HI  
☐ IA  
☐ ID  
☐ IL  
☐ IN  
☐ KS  
☒ KY  
☐ LA  
☐ MA  
☐ ME  
☐ MD  
☐ MI  
☐ MN  
☐ MO  
☐ MS  
☐ MT  
☐ NC  
☐ ND  
☐ NE  
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☐ NJ  
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☐ OH  
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☐ OR  
☐ PA  
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☐ SC  
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☐ TN  
☐ TX  
☐ UT  
☐ VA  
☐ VT  
☐ WA  
☐ WI  
☐ WV  
☐ WY

Prescriber's Name  
{Enter text answer}  
[ Mark Kingston ]

Prescriber's DEA #  
{Enter text answer}  
[ AK8918914 ]

3

Out-of-State Prescriber's Name  
{Enter text answer}  
[ Leon Briggs ]

Address (including City)  
{Enter text answer}  
[ 2201 Lexington Ave, Ashland ]

ST  
{Choose one}

( ) AK  
( ) AL  
( ) AR  
( ) AZ  
( ) CA  
( ) CO  
( ) CT  
( ) DC  
( ) DE  
( ) FL  
( ) GA  
( ) HI  
( ) IA  
( ) ID  
( ) IL  
( ) IN  
( ) KS  
(\*) KY  
( ) LA  
( ) MA  
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( ) MI  
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( ) MO  
( ) MS  
( ) MT  
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( ) ND  
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( ) NJ  
( ) NM  
( ) NV  
( ) NY  
( ) OH  
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( ) UT  
( ) VA  
( ) VT  
( ) WA  
( ) WI  
( ) WV  
( ) WY

Prescriber's Name  
{Enter text answer}  
[ Leon Briggs ]

Prescriber's DEA #  
{Enter text answer}  
[ BP4610348 ]

Please provide reason:  
{Enter answer in paragraph form}  
[ Border state OH and KY ]

6. Hours of operation of the pharmacy:

{Enter text answer}  
[ m-f 9-6 sat 9-1 ]

7. Is the pharmacy affiliated with any internet websites?  
{Choose one}  
(\*) Yes  
( ) No

1

Name  
{Enter text answer}  
[ Medicap ]

Address or URL Address  
{Enter text answer}  
[ www.medicap.com ]

2

Name  
{Enter text answer}  
[ ]

Address or URL Address  
{Enter text answer}  
[ ]

3

Name  
{Enter text answer}  
[ ]

Address or URL Address  
{Enter text answer}  
[ ]

Page 9

8. Does your organization receive prescriptions from a website not owned by your organization?  
{Choose one}  
( ) Yes  
(\*) No

Please provide web address and describe purpose:  
{Enter answer in paragraph form}  
[ n/a ]

9. Does your organization fill new prescriptions or sell pharmaceuticals via the internet?  
{Choose one}  
( ) Yes  
(\*) No

Please describe:  
{Enter answer in paragraph form}  
[ n/a ]

10. How does pharmacy receive payment for prescriptions and in what approximate percentage?  
{Choose all that apply}  
(\*) Private Insurance

(\*) 3rd Party (Medicare/Medicaid)  
(\*) Worker's Compensation  
(\*) Cash  
( ) Other [ ]

PI % of Revenue  
{Enter text answer}  
[ 30 ]

3P % of Revenue  
{Enter text answer}  
[ 60 ]

WC % of Revenue  
{Enter text answer}  
[ 3 ]

Csh % of Revenue  
{Enter text answer}  
[ 7 ]

Othr % of Revenue  
{Enter text answer}  
[ 0 ]

Page 10

11. Does the pharmacy service any of the following? (check all that apply)  
{Choose all that apply}  
(\*) Hospice  
( ) Long Term Care facilities  
( ) Nursing Home

13. Please describe front-end merchandise at your pharmacy (e.g., durable medical equipment, home healthcare aids, vitamins, cosmetics, etc.):  
{Enter answer in paragraph form}  
[ apothecary/dme ]

12. Do you service pain management clinics?  
{Choose one}  
( ) Yes  
(\*) No

Page 11

1. What products does the pharmacy expect to purchase from Cardinal Health and in what percent of total order? (check all that apply)  
{Choose all that apply}  
(\*) OTC  
(\*) Prescription  
(\*) Controlled Substances  
(\*) Listed Chemicals  
( ) Other [ ]

OTC % of total purchases  
{Enter text answer}  
[ 5 ]

Pscrip % of total purchases  
{Enter text answer}  
[ 70 ]

CS % of total purchases  
{Enter text answer}  
[ 24 ]

LC % of total purchases

{Enter text answer}

[ 1 ]

Othr % of total purchases

{Enter text answer}

[ 0 ]

2. What products does the pharmacy expect to purchase from other distributors and in what percent of total order? (check all that apply)

{Choose all that apply}

(\*) OTC

(\*) Prescription

(\*) Controlled Substances

(\*) Listed Chemicals

( ) Other [ ]

OTC % of total purchases

{Enter text answer}

[ 2 ]

Pscrip % of total purchases

{Enter text answer}

[ 80 ]

CS % of total purchases

{Enter text answer}

[ 15 ]

LC % of total purchases

{Enter text answer}

[ 3 ]

Othr % of total purchases

{Enter text answer}

[ 0 ]

Phentermine

{Enter text answer}

[ 100 ]

Hydrocodone

{Enter text answer}

[ 15300 ]

Alprazolam

{Enter text answer}

[ 5500 ]

Oxycodone

{Enter text answer}

[ 7100 ]

Provide sales for last 12 months:

{Enter text answer}

[ \$dispensing data ]

Page 12

1. Is the pharmacy located within a medical center?

{Choose one}

( ) Yes

(\*) No

2. Are there hospitals, doctors' offices or medical clinics in the vicinity (5 miles) of the pharmacy?

{Choose one}

(\*) Yes

( ) No

Please identify name, address, city, state, zip and proximity to pharmacy:

{Enter answer in paragraph form}

[ Kevin McCann, Marshall University ]

Any additional comments? (If a threshold event has not occurred please enter N/A)

{Enter answer in paragraph form}

[ N/A ]

Name:

{Enter text answer}

[ Peter Thomas ]

Company:

{Enter text answer}

[ PASTM INC dba Medicap Pharmacy 8317 ]

Title:

{Enter text answer}

[ Pres ]

Are you filling this questionnaire out as a result of a regulatory hold on order?

{Choose one}

( ) Yes

(\*) No



Current Date: 5/27/2009

Data File Release Date: 05/04/2009

**Drug Enforcement Administration (DEA) Datafiles -Both****Registrant Profile***for***MEDICAP PHARMACY**

Address:

4352 5TH STREET ROAD

HUNTINGTON

State / Zip: WV 25701

DEA Number: BM7641512

Business Activity Code: A

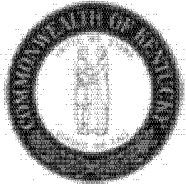
Business Activity Sub Code: 0

Drug Schedule: 22N 33N 4 5

Expiration Date: 1/31/2011

Payment Indicator: P





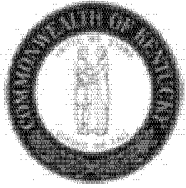
# Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
Phone (502)429-7150 Fax (502) 429-7158

**Name:** Mark B. Kingston M.D.  
**Address:** 203 S. Water St.  
**City, State, Zip** Louisa KY 41230 US  
**Phone:** (606) 638-4504  
**License:** 20555  
**Status:** Active Physician  
**Expiration:** 2/28/2010  
**Practice County:** Lawrence  
**\*Area of Practice:** General Medicine  
**Type of Practice:** Private Practice  
**Year Licensed in KY:** 1/28/1980  
**Medical School:** Dalhousie University, Faculty of Medicine  
**Year Graduated:** 1977  
**Disciplinary/Other Actions past 10 yrs:** None

\*The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.





# Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
Phone (502)429-7150 Fax (502) 429-7158

**Name:** Leon B. Briggs M.D.  
**Address:** KDMC, 617 23rd St.  
**Address 2:** MOB, Suite #8, 2nd Floor  
**City, State, Zip:** Ashland KY 41101 US  
**Phone:** 6063275190  
**License:** 32774  
**Status:** Active Physician  
**Expiration:** 2/28/2010  
**Practice County:** Boyd  
**\*Area of Practice:** Pain Medicine  
**Type of Practice:** Private Practice  
**Year Licensed in KY:** 1/6/1997  
**Medical School:** Marshall University/ Joan C. Edwards School of  
Medicine  
**Year Graduated:** 1991  
**Disciplinary/Other Actions past 10 yrs:** None

\*The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.



Current Date: 5/29/2009

Data File Release Date: 05/04/2009

**Drug Enforcement Administration (DEA) Datafiles -Both****Registrant Profile***for***PARIKH, JEANNINE L MD**

Address:

BURLINGTON FAMILY CARE CENTER  
384 COUNTY ROAD, 120 SOUTH  
SOUTH POINT

State / Zip: OH 45680

DEA Number: BP7690060

Business Activity Code: C

Business Activity Sub Code: 0

Drug Schedule: 22N 33N 4 5

Expiration Date: 3/31/2011

Payment Indicator: P





Current Date: 5/29/2009

Data File Release Date: 05/04/2009

**Drug Enforcement Administration (DEA) Datafiles -Both****Registrant Profile***for***KINGSTON, MARK BLAKE MD**

Address:

203 SOUTH WATER STREET  
P.O. BOX 120  
LOUISA

State / Zip: KY 41230

DEA Number: AK8918914

Business Activity Code: C

Business Activity Sub Code: 0

Drug Schedule: 22N 33N 4 5

Expiration Date: 12/31/2011

Payment Indicator: P





Current Date: 5/29/2009

Data File Release Date: 05/04/2009

**Drug Enforcement Administration (DEA) Datafiles -Both****Registrant Profile***for***BRIGGS, LEON BURDETTE MD**

Address:

2201 LEXINGTON AVE  
SUITE 8B  
ASHLAND

State / Zip: KY 41101

DEA Number: BB4610348

Business Activity Code: C

Business Activity Sub Code: 0

Drug Schedule: 22N 33N 4 5

Expiration Date: 7/31/2010

Payment Indicator: P





## Individual Details

License Number	RP0005140
License Type	Registered Pharmacist
Name	Thomas, Peter A.
State of Current Residence	WV
Date Issued	
Expiration Date	06/30/2010
License Status	Active
Disciplinary Action	No

[Another Query](#)

[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of May 27, 2009.



## Business Details

License Number	SP0552277
Business Type	Single-Site Community Pharmacy
Business Name	Medicap Pharmacy
Address1	4352 5th Street Road
Address2	
City	Huntington
State	WV
Zip Code	25701
County	Cabell
Phone	3045235254
Responsible Person Name (Pharmacist In Charge)	Peter A. Thomas
Date Issued	02/15/2002
Expiration Date	06/30/2009
Status	Active
Disciplinary Action	No

[Another Query](#)[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of May 27, 2009.



## Individual Details

License Number	PT0005893
License Type	Pharmacy Technician
Name	Simpkins, Samantha M.
State of Current Residence	OH
Date Issued	04/20/2007
Expiration Date	06/30/2011
License Status	Active
Disciplinary Action	No

[Another Query](#)

[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of May 27, 2009.



## Individual Details

License Number	RP0005139
License Type	Registered Pharmacist
Name	Thomas, Angela L.
State of Current Residence	WV
Date Issued	
Expiration Date	06/30/2009
License Status	Active
Disciplinary Action	No

[Another Query](#)

[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of May 27, 2009.





Identification Information		[back]
<b>Name</b>	Dr. Jeannine Lubold Parikh Birth Date: 8/1970 Birth Place: Pittsfield, MA Birth Country:	
<b>Practice</b>	Burlington Family Care Center 384 County Road, 120 South South Point, OH 45680	
<b>Residence</b>	Ashland, KY 41101 County: Out of State	
<b>Professional Education</b>	School: 422010-St George's University School of Medicine Graduated: 6/19/97	

License and Registration Information				
Credential	License Type	Initial Licensure Date	Expiration Date	Status
35.085814	Doctor of Medicine	02/25/2005	04/01/2010	ACTIVE

Specialties
FAMILY PRACTICE FAMILY PRACTICE
Specialty listings are voluntarily provided by the physician. They are not verified by the State Medical Board and do not confirm that the physician is Board certified by a professional specialty organization. To find out if a physician is certified by a specialty board, you should contact that board. Information and links to specialty boards can be found by clicking this green box.

Formal Action Information
No formal action exists.

The above is an accurate representation of information currently maintained by the State Medical Board of Ohio as of 5/29/2009. The JCAHO and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Ohio. Physicians initially licensed in Ohio after February 1st, 1997 have had their medical education, post-graduate training and examination history primary source verified by FCVS. Therefore, the use of this website for documentation of primary source verification (PSV) of education and training meets current NCQA guidelines for those licensed after February 1, 1997. This statement, affirming that primary source verification of medical education and post-graduate training has been performed as part of the licensure process, should be printed out and retained in your files. Prior to February 1, 1997, the State Medical Board prime source verified the post-graduate training and examination history.

**Howenstein, Kim**

---

**From:** Kave, Jesse  
**Sent:** Thursday, May 28, 2009 10:48 PM  
**To:** Dunham, Tim; GMB-QRA-Anti-Diversion  
**Subject:** FW: 5/29/09  
**Importance:** High

Here are the QRA site visit pictures for MediCap Pharmacy in Huntington, WV.

Thanks,

**JESSE KAVE**

**CARDINAL HEALTH**

**PHARMACY BUSINESS CONSULTANT**

[jesse.kave@cardinalhealth.com](mailto:jesse.kave@cardinalhealth.com)

Cell 304-926-4337

---

Get Kodak prints of this picture, and all your other favorites, at [www.kodakgallery.com](http://www.kodakgallery.com)!



6/3/2009

HIGHLY CONFIDENTIAL

CAH\_FEDWV\_00000461

P-42112\_00070



6/3/2009

HIGHLY CONFIDENTIAL

CAH\_FEDWV\_00000462

P-42112\_00071



6/3/2009

HIGHLY CONFIDENTIAL

CAH\_FEDWV\_00000463

P-42112\_00072



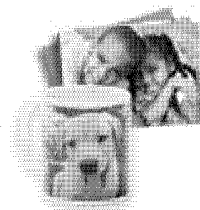
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**Kodak** EasyShare  
Software



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6/3/2009

HIGHLY CONFIDENTIAL

CAH\_FEDWV\_00000464

P-42112\_00073

**Durra, Rebecca**

**From:** WinWatcher <gmb-req-site-visit@cardinalhealth.com>  
**Sent:** Friday, October 05, 2012 9:14 PM  
**To:** GMB-QRA-CustomerVisit  
**Subject:** WinWatcher: Proactive QRA Survey completed for DEA#BM7641512 - MEDICAP PHARMACY #8317

## Attention QRA Team &amp; Survey Delegator

An assigned user has COMPLETED the QRA survey. Please review below

Link: [Go to survey detail in WinWatcher](#)

Survey ID:	2809	Threshold Event:	N
DEA #:	BM7641512	Account Number:	8-102981
Name:	MEDICAP PHARMACY #8317		
Address:	4352 5TH STREET ROAD HUNTINGTON , WV 25701		
Contact:	PETE THOMAS	Telephone:	3045235003
ACC:	10		

## Survey Status/Investigator

Survey Status:	100-Survey Completed		
Investigator:	Copeland, Alyson	Contact:	Work: (304) 417-4728 Cell:
Investigator Assignment:	Copeland, Alyson	Contact:	Work: (304) 417-4728 Cell:

Link: [Go to survey detail in WinWatcher](#)

## Survey Question(s)

Were there long lines waiting at the pharmacy?	No
Were the patients and customers at the pharmacy NOT congruent with the demographics and economics of the area?	No
Were there a significant number of out-of-state and out-of-area vehicles parked outside the pharmacy?	No
Was there any evidence of illicit drug use around the pharmacy (used syringes, empty prescription containers, etc) or suspected illegal drug transactions?	No
Were there any mailing materials or any other evidence of an internet pharmacy?	No
Was the investigator able to determine any other obvious signs of diversion at the pharmacy during the site visit?	No
If any question was answered as yes, explain providing details of your observations.	

Please indicate the amount of time (in hours)  
that were spent performing this survey (drive .5  
time, investigation, etc)

**Durra, Rebecca**

**From:** WinWatcher <gmb-req-site-visit@cardinalhealth.com>  
**Sent:** Monday, December 10, 2012 9:28 PM  
**To:** GMB-QRA-CustomerVisit  
**Subject:** WinWatcher: Proactive QRA Survey completed for DEA#BM7641512 - MEDICAP PHARMACY #8317

## Attention QRA Team &amp; Survey Delegator

An assigned user has COMPLETED the QRA survey. Please review below

Link:[Go to survey detail in WinWatcher](#)

Survey ID:	5358	Threshold Event:	N
DEA #:	BM7641512	Account Number:	8-102981
Name:	MEDICAP PHARMACY #8317		
Address:	4352 5TH STREET ROAD HUNTINGTON , WV 25701		
Contact:	PETE THOMAS	Telephone:	3045235003
ACC:	10		

## Survey Status/Investigator

Survey Status:	100-Survey Completed	Last Status Date	12/10/2012
Investigator:	Copeland, Alyson	Contact:	Work:(304) 417-4728 Cell:
Investigator Assignment:	Copeland, Alyson	Contact:	Work:(304) 417-4728 Cell:

Link:[Go to survey detail in WinWatcher](#)

## Survey Question(s)

Were there long lines waiting at the pharmacy?	No
Were the patients and customers at the pharmacy NOT congruent with the demographics and economics of the area?	No
Were there a significant number of out-of-state and out-of-area vehicles parked outside the pharmacy?	No
Was there any evidence of illicit drug use around the pharmacy (used syringes, empty prescription containers, etc) or suspected illegal drug transactions?	No
Were there any mailing materials or any other evidence of an internet pharmacy?	No
Was the investigator able to determine any other obvious signs of diversion at the pharmacy during the site visit?	No
If any question was answered as yes, explain providing details of your observations. If not	n/a



answer NA.

Please indicate the amount of time (in hours)  
that were spent performing this survey (drive 1.0  
time, investigation, etc)

**Durra, Rebecca**

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**From:** "Inquisite Server" <administrator@myserver.com>  
**Sent:** Thursday, December 20, 2012 6:37 PM  
**To:** GMB-QRA-AD-Thresholds  
**Subject:** Response for Pharmaceutical Threshold Event

E-mail notification for survey response

Survey Title: Pharmaceutical Threshold Event Respondent Unique Key: INQ-20121220172228-871159427 Response

Date: Thu, Dec 20, 2012 17:37:26

Page 1

Facility Name:

{Enter text answer}

[ Medicap Pharmacy #8317 ]

Facility Address:

{Enter text answer}

[ 4352 5th street road, Huntington, WV 25701 ]

Facility Contact:

{Enter text answer}

[ Pete Thomas ]

Facility Phone:

{Enter text answer}

[ 304 523-5003 ]

Facility Fax No.:

{Enter text answer}

[ 304 523-2462 ]

On average, how many total prescriptions (controlled and non-controlled)  
are filled daily?

{Enter text answer}

[ 125 ]

Name of Drug Family held per Regulatory Review:

{Enter text answer}

[ 9143 oxycodone hydrochloride ]

Please outline the underlying factors that are contributing to your need  
for the increased quantities of the drug family:

{Enter answer in paragraph form}

[ Pick up new patients because of ordering limitations at close competitor.

]

Facility DEA#:

{Enter text answer}

[ BM7641512 ]

Name of Person Responding:

{Enter text answer}

[ Peter Thomas ]

# Memo

Cardinal Health  
7000 Cardinal Place  
Dublin, Ohio 43017



Date: April 26, 2018  
To: File  
From: Danielle Roberts  
Subject: MEDICAP PHARMACY  
4352 5TH STREET ROAD  
HUNTINGTON, WV 25701

DEA Registration: BM7641512

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## **Section 1: Customer Review:**

- **Drug Families of Interest Include:**

- ☒ Oxycodone (9143)
- ☒ Hydrocodone (9193)
- ☐ Other Drug Family (if applicable)
- ☐ Other Drug Family (if applicable)
- ☐ Other Drug Family (if applicable)

- **Specialty Populations/340 B Status:**

- ☐ Hospice(s)
- ☐ LTC(s) (nursing home or assisted living)
- ☐ Rehabilitation or Orthopedics Facility/Facilities
- ☐ Behavioral Health Facility/Facilities
- ☐ Correctional Facility/Facilities
- ☐ Addiction management
- ☐ Oncology Services
- ☐ Ambulatory Surgery Center
- ☐ Urgent Care Center
- ☐ Emergency Room or Discharged Hospital Patients
- ☐ 340B Account(s)

- **Relevant Purchase Information:**

No disproportionate growth within controlled/non-controlled ratio or within individual drug families.

- **Facts considered relating to TH Increase, Decrease, or Escalation:**

**Section 2: Decisions:**

- ☐ Adjust threshold(s)
- ☒ No changes
- ☐ Referred to LVTAC

**Section 3: Threshold Adjustment(s):**

- ☐ Oxycodone (9143):
- ☐ Hydrocodone (9193):
- ☐ Other Drug Family (if applicable)
- ☐ Other Drug Family (if applicable)
- ☐ Other Drug Family (if applicable)

**Section 4: Comments:**